

**ACADEMY FOR LIFELONG LEARNING
EXPENSE REPORT
(please attach receipts)**

Name of person submitting request for reimbursement	
Date of request for reimbursement	
Name and address of party to whom payment should be made	

Expense Category	Description of Item		Amount of invoice	Total of each Expense Category
Supplies	Item 1			
	Item 2			
	Item 3			
Total Supplies				
Postage	Item 1			
Total Postage				
Photocopies	Item 1			
	Item 2			
Total Photocopies				
Special Events	Item 1			
	Item 2			
	Item 3			
Total Special Events				
Other (please specify)	Item 1			
	Item 2			
	Item 3			
Total Other				
OVERALL TOTAL				

Space for further notes (if applicable):

For Treasurer's use only	
Date paid	
Cheque Number	