



Date: \_\_\_\_\_

## WACHE Tuesday School Receipts and Expenses

Class: \_\_\_\_\_ Budget: \_\_\_\_\_

Teacher/Person to be reimbursed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Receipts:**

Description of Expenses	Store where purchased	\$ Amount

**TOTAL:** \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paid: \_\_\_\_\_ Check #: \_\_\_\_\_