



Fund: _____

friends of the
NORTH SYRACUSE
EARLY EDUCATION
PROGRAM

210 South Main Street, North Syracuse, NY 13212

315-289-8715 info@fnseep.org

Expense Reimbursement Request - Purchases

This form should be used to request reimbursement for purchases made on behalf of FNSEEP. Please note the following requirements, as set by the FNSEEP Board:

- all purchases must be documented by receipts from the vendor
- any individual purchase over \$25 must be pre-approved
- any individual purchase over \$500 must be pre-approved by the board and be made in accordance with FNSEEP purchasing rules for pricing and procurement
- all purchases should be made using the FNSEEP tax-exempt form

Fill out the form completely and attach all supporting documentation (quotes, receipts, invoices, shipping documents, etc.) and submit to the FNSEEP officer who authorized the purchase, or to the Treasurer.

Name: _____

Date Purchased: _____

Item Description: _____

Amount to be Reimbursed: _____

Purchase Authorized By: _____

Signature: _____

FNSEEP Use:

Approved By: _____ Date: _____

Check Number: _____ Date: _____