

APA Expense Reimbursement Form

Date: _____

Name: _____ Phone: _____

Email: _____

Reason for Reimbursement

Event/Purpose: _____

Description
of Expense: _____

Amount to be Reimbursed: _____

Make Check Payable to: _____

Street: _____

City: _____ State: _____ Zip: _____

- Receipts attached.
- I do not have a complete set of receipts; please contact me to discuss whether this expense can be reimbursed.

Please mail this form and receipts to:
Athenian Parent Association, 2100 Mt. Diablo Blvd, Danville, CA 94506-2002
-Or-
**Drop off the form and receipts in an envelope to attention APA with the receptionist
in the Main Hall.**

Reimbursements are processed twice per month.

For questions, contact the APA at apa@athenian.org or 925-362-7275.