

**REIMBURSEMENT FORM**

NAME: \_\_\_\_\_

NUMBER OF PEOPLE BOUGHT FOR: \_\_\_\_\_

NAME OF CHILD OR FAMILY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF ITEMS PURCHASED: (ex: clothing, toys, eye exam, etc.)

\_\_\_\_\_

\_\_\_\_\_

AMOUNT TO BE REIMBURSED: \_\_\_\_\_

**RECEIPTS MUST BE ATTACHED IN ORDER TO BE REIMBURSED**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE