

# Millard West Post Prom Expense Reimbursement Form



Submitted by: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Please provide name & address for reimbursement to be mailed:

**Post Prom Category,**

(please check one)

- ADVERTISING
- DECORATIONS
- DONATIONS
- ENTERTAINMENT
- FOOD
- FRONT DOOR
- STAFFING
- TSHIRTS
- MISC

Attach Receipts Below or on Back:

Please make a copy of your signed expense report for your records, and then send your request to Dawn Henderson, 16721 Y St, Omaha, NE 68135, or paulanddawnhenderson@cox.net

For Treasurer's Use Only:	
check # _____	date paid _____