



SHREWSBURY MONTESSORI SCHOOL
AUBURN CHILDREN'S HOUSE
Payment/Reimbursement Request

Name: _____

Payable to: _____

Date Submitted: _____

Expenditures in excess of \$35 require prior approval from the Head of School

Vendor	Description	Receipt Attached?	Amount
TOTAL PAYMENT			-

Please attach all receipts to this form.
Expenses under \$35 may be submitted for payment directly to the bookkeeper.

Approved _____