



ESTA REIMBURSEMENT FORM

Name/ Site _____ Date _____

Payee (if not personal reimbursement) _____

ITEMIZED EXPENSES			
Date	Expense Category	Brief Description of Expense	Amount

Total Reimbursement: _____

Please attach receipts; email treasurer prior to exec council mtg.

FYI: Expense Categories

<ul style="list-style-type: none"> • <u>Meeting Expenses</u> <i>(Such as: food for rep mtgs./ site mtgs./ bargaining/ executive board, State Council, organizing, parking)</i> • <u>Operating Expenses</u> <i>(Postage/ printing/communication/ storage/ telephone/ supplies, Misc.</i> • <u>Programs</u> <i>Membership Events/ Pier to Pier Walk/ Who Awards/ End of year Gala</i> • <u>Conferences</u> _____ <i>(Leadership Conferences/ Good Teaching (South) / Human Equity/ Issues Conference, LGBTQ conference, etc.)</i> 	<ul style="list-style-type: none"> • <u>Donations</u> <i>Such as:</i> <ul style="list-style-type: none"> ○ Ed Foundation ○ Retiree Gifts/Gifts ○ PTA Run For Education • <u>ESTA Scholarship</u> • <u>School Board Dinners</u> • <u>New Teacher Lunch</u> • <u>Incentives/ Drawings</u>
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Approved _____
Initials

Executive Council Meeting _____
Date