

**Lawrence  
community  
nursery, inc.**



# EXPENSE FORM

Lawrence Community Nursery School  
645 Alabama Street • Lawrence, KS 66044 • 842-0064

*For Treasurer's/ Director's use only:*

Check # \_\_\_\_\_

Date \_\_\_\_\_

Entered into the account

### TO REQUEST CHECK IN ADVANCE

- You must have the exact amount to be paid.  
Blank checks will not be given out
- Please request a check **ONE WEEK** in advance of needing it

*Please fill out the information below and please print clearly:*

Name of person to be reimbursed:

\_\_\_\_\_

Name on the cubby for check:

\_\_\_\_\_

Phone number (for questions):

\_\_\_\_\_

Check made payable to:

\_\_\_\_\_

Amount of the check: \_\_\_\_\_

Invoice attached:      YES      NO

Purpose of expense (please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TO REQUEST REIMBURSEMENT

- If you are unsure that your expense will be reimbursed, please contact the treasurer **BEFORE** making the purchase so the budget can be reviewed
- To be reimbursed, a store or vendor receipt **MUST** be submitted with this form
- If you have personal purchases also on the receipt, please circle and total all LCNS purchases

*Please fill out the information below and please print clearly:*

Name of person to be reimbursed:

\_\_\_\_\_

Name on the cubby for check:

\_\_\_\_\_

Phone number (for questions):

\_\_\_\_\_

Purpose of expense (please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### LCNS CHARGE ACCOUNT INFORMATION

Whenever possible please use the following vendors where LCNS has accounts set up. Have the store charge your purchase, **SAVE** the receipt, put your name and what the purchase was for on the receipt and put it in the Treasurer's box.

Accounts are set up at:

- Cottin's Hardware
- UPS Store (cheapest copies)
- Home Depot
- Schmidt Builders Supply
- Kinko's
- Whelan's
- AB Coker

### SUBSTITUTE PAY (paid at \$7 per hour)

*Please fill out the information below and please print clearly:*

Name of person to be paid:

\_\_\_\_\_

Name on the cubby for check:

\_\_\_\_\_

Phone number (for questions):

\_\_\_\_\_

Date worked: \_\_\_\_\_

Number of hours worked: \_\_\_\_\_

Signature of lead teacher:

\_\_\_\_\_