Expense Reimbursement

School Name & District: _____

Check Made Out To: _____

Mailing Address: _____

Vendor	Date of Purchase	Cost

Total Amount:

Approximately how many students WITH intellectual disabilities used or will use these supplies?	
Approximately how many students WITHOUT intellectual disabilities used or will use these supplies?	

Please share the purpose of this purchase.

How will these items be used? By whom? When? How does this support Unified initiatives?

Please save this document as **Invoice_YourSchoolName_Date.pdf** and email to UCS@SONJ.org with receipt or original invoice and proof of payment. Please only send PDFs.

Special Olympics New Jersey | Special Olympics **Unified Champion Schools**