



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?

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|--|
| |
|--|

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

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|--|
| |
|--|

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
**Unified Champion
Schools**