HOMETEAM EXPENSE REIMBURSEMENT FORM

Name: _____Date: _____

Date:	Receipt Name (i.e. Michaels, Home Depot, Walmart, Dollar Tree)	HT Class	Amount

TOTAL EXPENSES	

☐ Please verify a copy of your receipts is attached.
☐ Any remaining balance from your registration will be deducted from the total reimbursement.

Administrator Use Only	
Reimbursement	