

OSCODA AREA HIGH SCHOOL **Reimbursement Form**

Please reimburse the following expense(s):

Date of Request: _____

Payable to: _____

Reimbursement from what account(s)?

_____ General Fund Building Budget

_____ Internal Account _____
List account, club, or class name

_____ Athletic Account _____
List Sport and Level

DATE	INVOICE/DESCRIPTION OF EXPENSE (Must include receipts and/or invoice originals)	<i>List individual amounts for each category</i>				
		Equipment	Supplies	Travel (gas) Lodging	Meals	Total

Signature of person making request _____

Approved by: _____
Signature (Building Administrator, Club/Class Advisor, A.D., Coach)