

Elkin High School



REIMBURSEMENT FORM

DATE: _____ AMOUNT DUE: _____

TAPE RECEIPTS TO BOTTOM OF THIS FORM OR ON THE BACK

Please issue check to:

Explanation of expenditure:

Account # _____

Requested by: _____

Account # _____

Approved by: _____

TAPE RECEIPTS BELOW - YOU MAY USE THE BACK IF MORE ROOM IS NEEDED.