



Elmira High School Expense Reimbursement Request

Name: _____ Date: _____

Estimated Cost: _____

Purpose of expense:

What Student Body Account will be reimbursing this expense?

Administrator pre-approval: _____ Date: _____

**COMPLETE BELOW WHEN ACTUAL EXPENSES ARE KNOWN. ATTACH ALL RECEIPTS.
Attach additional sheet(s) if necessary.**

Date	Description	Total

Administrator _____ Date: _____

All receipts must be attached, substantiating request for reimbursement. Form must be complete.

Advisor/Coach _____ ASB President/Team Captain/Student Rep _____