



Estacada High School
ASSOCIATE STUDENT BODY FUND
EXPENSE REIMBURSEMENT REQUEST

Attach Original Receipts

Request Submitted By

Name: _____	Date: _____
Building: Estacada High School	Total Request: \$ _____

Meals/Lodging

Date	Location/Reason	Tot. Meals	Lodging	Daily Total

Misc.

Date	Explain Purpose Of This Claimed Expense	Amount

Budget Code	ASB/
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Program Supervisor Signature

My signature indicates that the submitted claims are appropriate school business related expenses to which I am entitled reimbursement

Approval Routing

Approved	<input type="text"/>	Athletic Director
Approved	<input type="text"/>	Principal