

Saugus High School Centurion Foundation
Expense Reimbursement Request
(Receipts Attached)

DATE: _____

Requestor's Name: _____

Checks Payable To: _____

Deliver to School Mailbox _____ Yes _____ No

OR Mail to Address: _____

<u>Academic Dept./ Sport/Club Name</u>	<u>Detail of Expenses Incurred</u>	<u>Dollar Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Reimbursement		\$ _____

Over Budget Expenses Require Board Approval Prior To Reimbursement

Approved by: _____ Date: _____

Official Use: Date Recieved: _____ Date Paid: _____

Check Number: _____