lame:				Date	:	
School:						
stimated Co	st:					
urpose of ex	rpense:					
Vhat accoun	it in your budget wi	ill be reimbursing	this expen	ise?		
Administrator pre-approval:					Date:	
Administrato	or pre-approval:				Date:	
OMPLETE I	BELOW WHEN ACT onal sheet(s) if nec	TUAL EXPENSES	ARE KNOV			
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All receipts must be attached, substantiating request for reimbursement. Form must be complete.