Freedom Area School District

Student Activity Fund Expense Reimbursement Form

Pay to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Club Account:

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| --- | --- | --- | --- |
| **Date** | Vendor | **\*Description of Expense** | **Total****Cost** |
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|  |  | TOTAL |  |

 SIGNED:

 President/Treasurer Date

 SIGNED:

 Faculty Advisor Date

 SIGNED:

 Principal Date

**\*ATTACH all related receipts.**