



FORT LORAMIE LOCAL SCHOOLS

PUPIL ACTIVITY REIMBURSEMENT FORM

Name: _____

Date: _____

ACTUAL EXPENSES:

Receipts **MUST** be attached. If sending a check, make a copy and attach.

Pupil Activity Permit: \$ _____

Coaching Class: \$ _____

TOTAL REIMBURSEMENT \$ _____

Applicant Signature: _____

Date: _____

Athletic Director Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____