

ALBANY SENIOR HIGH SCHOOL

Expense Claim Form - (to be used for reimbursement to staff and board)

Name :

Date :

Description	Account Code	Amount	Invoice Total
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TOTAL REIMBURSEMENT

I confirm that the above expenditure was incurred for school business.

Signed - Person requesting reimbursement

Signed - Budget Manager

OFFICE USE ONLY

Date Paid

Direct Credit Schedule #