Freedom Area School District

Student Activity Fund Expense Reimbursement Form

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

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

Student Club Account:

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**