SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP
STUDENT ACTIVITY FUND

EXPENSE REIMBURSEMENT FORM

Student Club Account/Building:_____

Person to be reimbursed: _____

(Please include your name and address)

Date	Vendor on Receipt	*Description of Expense	Total Cost
			$

*ATTACH ALL RELATED RECEIPTS

TOTAL $

SIGNATURE: _____
Person submitting receipts Date

APPROVED: _____
Student Officer Date

APPROVED: _____
Faculty Advisor Date

APPROVED: _____
Assistant Principal Date