

LAHS Cross Country Reimbursement Form

Make Check Payable To: _____

Name of Event/Activity: _____

<u>Expenses to be reimbursed:</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total	_____

Please attach receipts and submit to treasurer

check # _____ amount \$ _____ date: _____

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