Bishop O'Dowd High School

Miscellaneous Expense Reimbursement

Use Check Request form to have check issued to someone else

Please attach receipts

Name	Department	Month/Year

Date	Expense	Description	Account Code	Notes

Please enter expenses as incurred throughout the month and submit one form per month only.

Total:

I certify that I incurred these expenses for Bishop O'Dowd High School:

Signature	Approved - Department Head	
Date	Approved - Business Office	Address (if off-campus)

PLEASE REMEMBER TO SIGN AND DATE YOUR FORM - THANK YOU!

Revised: 1/27/2012