

LORAIN INDEPENDENT SCHOOL DISTRICT  
STUDENT ACTIVITY  
REQUEST FOR REIMBURSEMENT OR  
PAYMENT OF BILLS

DATE: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AMOUNT: \_\_\_\_\_

FROM CLASS/ORGANIZATION: \_\_\_\_\_

PURPOSE OF EXPENSE: \_\_\_\_\_

\_\_\_\_\_

TEACHER/CLASS SPONSOR: \_\_\_\_\_

ADMINISTRATION APPROVAL: \_\_\_\_\_

**\*\*PLEASE ATTACH RECEIPT\*\***