

EXPENSE REIMBURSEMENT SHEET - DUAL ENROLLMENT

PAYABLE TO: _____

Address: _____

FOR: _____

Account Number: _____

DATE	EXPENSE ITEM	COST
TOTAL		

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINCIPAL SIGNATURE: _____ **DATE:** _____

BUSINESS MANAGER SIGNATURE: _____ **DATE:** _____