



Student (Being Reimbursed):

WFHS#:



Phone:

Are you currently employed at WFHS as a Student or Graduate position? YES NO

Has your medical plan been introduced for reimbursement? YES NO



Submit to:

Return Time:

Use this form to request reimbursement for expenses incurred while participating in a WFHS sponsored activity. All receipts must be submitted to the Campus Recreation Office.

Expense List	Amount

Authorized By:

Use this form to request reimbursement for expenses incurred while participating in a WFHS sponsored activity. All receipts must be submitted to the Campus Recreation Office.

Student Officer:

(Date)

Competition Funds Coordinator:

(Signature)

(Date)

Campus Recreation Office Use Only

Date Processed:

ICD or TR #:

Resistor:

Processed By:

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