



## Oak Hill Academy Parent Organization Request For Expense Reimbursement

Event:

### List of Expenses

Description	Receipt Attached *	Amount
1.		
2.		
3.		
4.		
5.		

\* Please staple receipts to this form

**Total Due** \$           -          

Name:

Date Submitted:

OHAPO:

Date Reimbursed:

Check Number: