

Johns Creek High School Orchestra Association

5575 State Bridge Road, Johns Creek, GA 30022

Expense Reimbursement

Payee's Name _____

Payee's Address _____

Description	Amount
Total	

Payee's Signature _____

(date)

Approver's Signature _____

(date)

Approver's Name and Board Position _____
(print)

Note: Attach original receipts to this form.

Office Use

Account	Amount

Check No.