



**DOUGHERTY COUNTY SCHOOL SYSTEM
ACTIVITY ACCOUNT**

REQUEST FOR REIMBURSEMENT/REFUND

I request reimbursement/refund for the following items. Proof of purchase **MUST** be attached to this form. (Proof of purchases is receipts, invoices, cash register tapes, or signed letter requesting refund).

DATE

Payable To: _____

Address: _____

Expense For:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
	Total

Approved by Principal _____

Sponsor's Signature (if applicable) _____

SIGNATURE *(Person requesting refund)*

Charge to Account _____

<p>FOR OFFICE USE ONLY</p> <p>Check No. _____</p> <p>Date Check Paid: _____</p> <p>Date Reimbursement Received: _____</p>
