



**Monsignor McCoy High School**

**Student Expense Claim Form (Due: June 11, 2015)**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please list expenses below for which you are asking for reimbursement:

Expense Description (Ex. Grad Tickets, Yearbook, Player fees, McCoy Gear, Coveralls)	Date of Expense	Amount of Expense (\$)

FOR OFFICE USE ONLY		
Student Grade	Number of Orders	Reimbursement (\$)

\_\_\_\_\_  
Principal Signature

Account: 1-700-700-000-70-024