



Del Norte High School Science Olympiad Reimbursement Form

NAME: _____ EVENT: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Purpose: This form is for coaches and volunteers to submit a request for reimbursement of out-of-pocket costs related to DNHS Science Olympiad. Specific events or activities may have requirements for materials and equipment that is not available through other means. A coach or volunteer may be authorized to make a reimbursable purchase for the DNHS Science Olympiad program using their own funds.

Directions: Fill in all the spaces on the form and attach original receipts. Place this form and receipts (with specific items circled) in an envelope and submit to the DNHS Science Olympiad team by leaving it in the office to the attention of DNHS-SO at DNHS. It is recommended that you make copies of your receipts in case your submission is lost. A check will be mailed to your mailing address after 2 weeks.

Example:

Description	Comment/Purpose-Used For	Cost
Glue	Glue for building aircraft	2.43

Description	Comment	Cost
	TOTAL:	