



OAKS

Ooltewah Adventist School Reimbursement Form

Name: _____

Address: _____

Administrative , Classroom, or Expense for Special Event:

Administrative Classroom - Teacher's Name _____

Special Event: (Water Day, Field Day, Variety Show, etc. _____

Other (please specify): _____

AMOUNT: \$ _____

DESCRIPTION OR PURPOSE: _____

Please attach the original receipts. (Please remember to keep a copy of the receipt (s) for your records.)

I certify that all expenses listed above were incurred for the benefit of the Ooltewah Adventist School (OAKS) and I am requesting to be reimbursed for these expenses.

Signature of Payee

Date

Authorizing Signature - Principal or Board Chair

Date

Please submit Claims to:

Ooltewah Adventist School
Attn. School Office
9209 Amos Road
Ooltewah, TN 37363

For Office Use Only

Date Received in Office: _____

Date Processed: _____

Processed By (Initials): _____

Verified Availability of Funds (date): _____

Check Number: _____

Date Mailed: _____

Thank You