

Ka'oaho Public Charter School
 Ka'ohao School 'Ohana
 Expense Report and Reimbursement Request

Payable to: _____
 Address: _____

Date: _____
 Phone Number: _____
 Officer Approval (print): _____
 Officer Approval (sign): _____

Voucher Submitted By (if different than payee): _____

Date of Purchase	Program or Activity	Description	Amount
TOTAL			

ATTACH ALL ORIGINAL RECEIPTS, INVOICES, OR BILLS THE THE BACK OF THIS FORM. RECEIPTS ARE REQUIRED FOR FINANCIAL REVIEW AND TAX PURPOSES.

Notes or Further Explanation:

