Lassiter High School Orchestra Association

Expense Report

Name:

Address:

E-Mail:

Phone #:

Event:

Total $:

Date Submitted:

1. **Attach Original Receipts**
2. **Expenses $25.00 or more require prior authorization**
3. **Return to:**

Drop Box or
LHSOA
PO Box 671345
Marietta, GA 30066-0140

Date	Item	Amount
	TOTAL:	

Check # Issued: _____

Authorization: _____

Signature: _____

I certify that this expense report is accurate and that these expenses are associated with the LHSOA.