

**BHS DANCE TEAM**  
**REIMBURSEMENT FOR EXPENSES**

Date of Expense: \_\_\_\_\_

Committee: \_\_\_\_\_

Description of Expense:

---

---

Name of person to be Reimbursed: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Please submit original receipts with this Reimbursement for Expenses form to  
Debbie Steffen. Please keep copies of your receipts for your records.  
Thank You.