

# Johnson O'Malley Program Reimbursement/Payment Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Year \_\_\_\_/\_\_\_\_

**TO: Johnson O'Malley Program Staff**

**FROM: \_\_\_\_\_/IEC**

**(Expenses listed on this form have been approved for payment at the IEC meeting described above. Copies of the minutes and supporting documents must be attached)**

For Reimbursement(s) (Describe):

Total Amount \$ \_\_\_\_\_

For Payments to School(s)/Vendor(s) (Describe):

Total Amount \$ \_\_\_\_\_

Are minutes of IEC meeting, receipts, invoices, bills, cancelled checks, etc. attached as required?

**YES**

**NO** - If no explain: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Form completed by: \_\_\_\_\_/\_\_\_\_\_  
Signature Title

Printed Name: \_\_\_\_\_

**Details of Approved JOM Expense(s) - \_\_\_\_\_ IEC**

	<b>Date</b> <i>DD/MM/YY</i>	<b>Make Check Payable To:</b>	<b>Amount</b>	<b>Purpose</b>	<b>Line Item</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
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<b>25</b>					
<b>26</b>					