Reimbursement/Payment Form

Johnson O'Malley Program

Date: ____ /____ /____ School Year:_____/_____

To: Johnson O' Malley Program Staff Meeting Date Approved: ____/____/____

From: _____/IEC Student School_____ Grade_____

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):

Vendor Name: _____

Vendor Address: _____

_____ Total Amount: _____

_____

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

Vendor Name: _____

Vendor Address: _____

_____ 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): _____

_____