

Retroactive Expense Voucher

School: _____

Official's Name: _____

Official's Address: _____

Official's Telephone Number: _____

	<u>Sport</u>	<u>Level</u>	<u>B/G</u>	<u>Date of Contest</u>	<u>Opponent</u>	<u>Stipend Increase Due</u>	<u>Travel Allowance</u>	<u>Total</u>	<u>*Internal School Code</u>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Officials Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

Please print legibly

Instructions: Please complete, sign and forward to the Athletic Director of the school district. All addresses and fax numbers are listed in the Section 2 Directory on www.section2athletics.org.

*** - To be completed by school district when applicable.**