

Retroactive Expense Voucher

Print legibly, 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.

School:

Official's Name:

Official's Address:

Official's Telephone Number:

	Sport	Level	B/G	Date of Contest	Opponent	Stipend increase due	Travel Allowance	Total	*Internal School Code
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

* - To be completed by school district when applicable.

Official's Signature:

Date:

Athletic Director's Signature:

Date: