

**PINELLAS COUNTY SCHOOLS  
CENTRALIZED ATHLETICS  
REIMBURSEMENT FOR RECEIPTS**

SCHOOL \_\_\_\_\_ COST CENTER \_\_\_\_\_ SUB PROJECT \_\_\_\_\_

SPORT \_\_\_\_\_ DATE \_\_\_\_\_

Please list all receipts for reimbursement in the proper category below. Invoices must be grouped and attached in Function Object order. Attach all receipts to be charged to one Sub Project number to this sheet and send to Centralized Athletics office at the end of each sport season.

	*IN-COUNTY TRAVEL	*OUT OF COUNTY TRAVEL LODGING & MEALS	RENTALS	SUPPLIES	MISC.	
	0331	0332	0360	0510	0790	
TOTALS						

Please reimburse our school for the above receipts for a grand total of \$ \_\_\_\_\_.

\_\_\_\_\_  
Signature: Principal/Department Head

Approved \_\_\_\_\_  
Director of Extracurricular Activities

\* Florida Statute 112.061 and School Board Policy for travel must be followed.

SCHOOLS DO NOT FILL IN SHADED AREA:

LA	ACCOUNT NUMBER				CENTER NUMBER			PGRM	AMOUNT
	FUND	-GL-	FUNC	OBJT	CNTR	PROJ	SUBP		
X	0100	1530				2610			
X	0100	1530				2610			
X	0100	1530				2610			
X	0100	1530				2610			
X	0100	1530				2610			

White – Accounts Payable

Yellow – Director of Extracurricular Activities

Pink – School