

**CALIFORNIA OUTDOOR SCHOOL ADMINISTRATORS  
VOUCHER FOR REIMBURSEMENT OF EXPENSES**

Date \_\_\_\_\_ Location \_\_\_\_\_

(Circle One) Expenses are for CERTIFICATION INSERVICE TRAINING  
BUSINESS MEETING OTHER \_\_\_\_\_

Payable To: LEA affiliation: \_\_\_\_\_  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mail Check to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Claiming Expense      Date      Social Security Number

Driving mileage \_\_\_\_\_ X\$ \_\_\_\_\_ / mile = \_\_\_\_\_

Mileage \$ \_\_\_\_\_ Air Fare \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_

Other (Explain) \_\_\_\_\_

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

Approved:

Amount Approved for Payment \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of COSA Treasurer      Date

**PLEASE ATTACH RECEIPTS**

Mail to:

Orange County Department of Education  
Outdoor Science School, Attn: Doug Jensen  
101 E. Redlands Blvd.  
Redlands, Ca. 92373