



# Oshkosh FIRST Expense Reimbursement Request

# WAVE - Account #779

Date of Request: \_\_\_\_\_

Remit To: Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

- Check One:  Mail Check  
 Hold Check for Pick-up  
 P-Card

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

EXPENSES		AMOUNT	GRANT FUNDS
<b>100 ADMINISTRATION</b>			
101	Office Supplies		
102	Computer Equipment		
103	Computer Supplies		
104	Postage		
105	Personnel/Wages		
106	Software		
107	Website Services		
108	Facilities/Infrastructure		
109	Utilities		
110	Sponsor Kits/Gifts		
111	Fundraising Expenses		
	Specify:		
112	Misc Admin Costs		
	Specify:		
<b>200 OPERATIONS</b>			
201	Robot		
202	Pre-Build Materials		
203	Robot Equipment Upkeep		
204	Shop Hardware		
205	Shop Safety		
206	Shop Storage		
207	Shop Tools		
208	Practice Field / Field Elements		
209	Trailer Maintenance		
210	Transportation Costs		
211	Shipping Costs		
212	Scouting Supplies		
213	Pit Upgrades		
214	Mascot(s)		
215	Outreach		
216	Marketing		

EXPENSES		AMOUNT	GRANT FUNDS
<b>300 COMPETITON / TRAVEL</b>			
301	Registration		
302	Transportation (Bus, etc.)		
303	Lodging		
304	Meals		
305	Gratuities		
306	Competition Upgrades		
307	Chairman's Award		
	Specify:		
<b>400 STUDENT EXPENSES</b>			
401	Apparel (T-shirts, etc.)		
402	Food / Beverages		
403	Fees (i.e. team-building event)		
404	Student Letter		

Purpose: \_\_\_\_\_

\_\_\_\_\_

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**NOTE:**  
**ATTACH ALL RECEIPTS AND/OR INVOICES.**  
**ALLOW 2 WEEKS FOR PROCESSING**

<b>Office Use Only</b>	Amount: _____
Payment Approved By: _____	Date: _____
Reviewed By: (If over \$1,000) _____	Date: _____



REVENUES		AMOUNT
<b>900 REVENUE</b>		
901	Participant Registration Fees	
902	T-Shirt Sales	
903	Fundraising - Student	
	Specify:	
904	Fundraising - General	
	Specify:	
905	Sponsorships	
	Donor:	
906	Grant	
	Granting Agency:	
907	Travel Payments	
908	Misc Donation	
	Donor:	
909	Misc Revenue	
	Specify:	

**Description of Source of Revenue:**

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<p>Deposited By: _____</p> <p>Date: _____</p>
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