



Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

copies

pd

*530-100 → 1195-6611-500
gave to Cathy to
pay out of Rotary -
OK per Michelle*

Date: 12-2-13

School: LHHS

Student Name: Ashley Barker

Student ID #: 15777

Student Age: 18 yrs. 3 months

Student Gender: Male Female

Free/Reduced: _____

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$40.00

Description: Math of Money \$25.00 Nutrition & Wellness

book fee \$15.00

Send Reimbursement To: LHHS BookStore

Lynndia LeCom
Signature of School Liaison

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For District Office Use Only:
Grant Number: ~~100-100-1000-6890-500~~



PD

Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

Date: 12-2-13

School: LHHS

Student Name: [REDACTED]

Student ID #: [REDACTED]

Student Age: 17 yrs. 9 months

Student Gender: Male Female

Free/Reduced: _____

Homeless:

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$25.00

Description: Nutrition & Wellness for life \$15.00 Fund
of Business & Finance \$10.00

Send Reimbursement To: LHHS Book Store

Lynndin La Cours
Signature of School Liaison

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For District Office Use Only:
Grant Number: 100-100-1000-6890-500



Red

Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

Date: 4/14/14

School: LHHS

Student Name: Rain Ogden

Student ID #: 2130

Student Age: 16

Student Gender: Male Female

Free/Reduced: X

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$22.50

Description: Class fees

Send Reimbursement To: _____

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H. Meyer
Signature of School Liaison

For District Office Use Only:
Grant Number: 530-100-2182-6890-500



Handwritten initials in a red circle.

Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

Date: 12/3/13

School: LHHS

Student Name: [Redacted] Grogan

Student ID #: [Redacted]

Student Age: 14

Student Gender: Male Female

Free/Reduced: X

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$ 10

Description: Class fees

Send Reimbursement To: _____

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[Signature]
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

pd

Date: 1-22-14

School: LHHS

Student Name: Mariah Dunning

Student ID #: 15231

Student Age: _____

Student Gender: Male Female

Free/Reduced: _____

Homeless:

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$ 10.00

Description: Fund Auto

Send Reimbursement To: LHHS Bookstore

Sydney LeCours
Signature of School Liaison

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For District Office Use Only:
Grant Number: _____



pl

Lake Havasu Unified School District # 1
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School Reimbursement Form

Date: 12-2-13

School: LHHS

Student Name: Mercedes Dow

Student ID #: 18918

Student Age: 18 yrs. 6 months

Student Gender: Male Female

Free/Reduced: _____

Homeless:

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$40.00

Description: Intermed. Stud/graph/web Dec 1-2

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Lynnie Le Cour
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



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Lake Havasu Unified School District # 1
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Date: 12-2-13

School: LHHS

Student Name: Andre Lewis

Student ID #: 15789

Student Age: 15 yrs. 3 months

Student Gender: Male Female

Free/Reduced: _____

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$1000

Description: Furniture Cabinet making \$1000

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Lynndia Le Cornus
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

pd

Date: 1-22-14

School: LHHS

Student Name: Michael Dunning

Student ID #: 15230

Student Age: _____

Student Gender: Male Female

Free/Reduced: _____

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$ 2,500

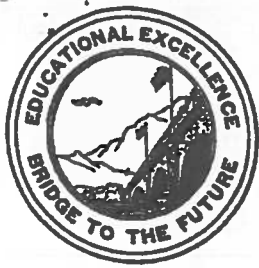
Description: Fund Nutrition & Wellness, Fund. Drafting

Send Reimbursement To: LHHS Bookstore

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Lyndia DeCone
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



AO

Lake Havasu Unified School District # 1
Free/Reduced and Homeless
School Reimbursement Form

Date: 1-16-14

School: LHHS

Student Name: [Redacted]

Student ID #: [Redacted]

Student Age: 19 years 5 months

Student Gender: Male Female

Free/Reduced: _____

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$2500

Description: Intro Studio/graph/web/Des 1-2

Concert choir

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Send Reimbursement To: LHHS Bookstore

[Signature]
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



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Lake Havasu Unified School District # 1
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Date: 2-3-14

School: LHHS

Student Name: Justin Mann

Student ID #: 14785

Student Age: 16

Student Gender: Male Female

Free/Reduced: _____

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$20⁰⁰

Description: _____

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Send Reimbursement To: LHHS Bookstore

Dynthia De Cou
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



PR

Lake Havasu Unified School District # 1
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Date: 9/20/13

School: LHHS

Student Name: Nicholas Missiriar

Student ID #: [REDACTED]

Student Age: 16

Student Gender: Male Female

Free/Reduced:

Homeless:

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$15

Description: Class fees

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Send Reimbursement To: _____

Signature of School Liaison: Heuerger

For District Office Use Only:
Grant Number: _____



Lake Havasu Unified School District # 1
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Date: 4-11-14

School: LHHS

Student Name: Coleman Biggerstaff

Student ID: 3941

Student Age: 18 yrs 8 months

Student Gender: Male Female

Free/Reduced:

Homeless:

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$20.00

Description: Software Dev 1-2 class fee

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Lynndia Le Com
Signature of School Liaison

For District Office Use Only:
Grant Number: _____



Lake Havasu Unified School District # 1
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Handwritten initials in a red circle.

Date: 4-11-14

School: LHHS

Student Name: Lauren Russell

Student ID #: 70410

Student Age: 18

Student Gender: Male Female

Free/Reduced:

Homeless:

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$15.00

Description: Class fees - Geology \$10.00 Envoice \$5.00

Send Reimbursement To: LHHS Bookstore

Laura LeCours
Signature of School Liaison

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For District Office Use Only:
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