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Lake Havasu Unified School Dis
Free/Reduced and Homeless
School Reimbursement Fo

LHHS STUDENT ACTIVITIES
2675 S Palo Verde Blvd
Lake Havasu City, AZ, 86403
928-854-5325

*** COPY ***

0127

QTY	ITEM NO.	PRICE	TOTAL
1	SS12	90.00	90.00
	Summer School Alg-2A Class		
1	SS12	.00	.00
	Summer School Alg 2B Class		
	TOTAL:		90.00

PAYMENT TYPE:
90.00 M/V #****6156

90.00 TOTAL

Customer Signature

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT.

SCHOOL COPY

Go Knights! Clear up Obligations ASAP!

Date: 5.23.2014

Sch

Student Name: Trinity Johnston-Keep

Stu

Student Age: 14

Stu

Free/Reduced: X

Homeless: _____

Assistance Type: Clothing Medical Oral Health

Amount of Reimbursement: \$90

Description: Summer school

Send Reimbursement To: _____

Keueger
Signature of School Liaison

For District Office Use Only:

Grant Number: _____

LHHS STUDENT ACTIVITIES
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vasu Unified School District # 1
Homeless/Reduced and Homeless
School Reimbursement Form

#83647

REC. #	DATE	PRICE	TOTAL
#0162921	05/27/14 12:09pm	45.00	45.00
ITEM NO.			
1			
Summer School Econ Class			
TOTAL:			45.00

School: Lake Havasu High School

PAYMENT TYPE:
45.00 Ck #2101
45.00 TOTAL

Student ID #: [REDACTED]

Student Gender: Male Female

Go Knights! Clear Up Obligations ASAP!

Homeless: _____

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$90.45

Description: Summer school - 1/2 paid

Send Reimbursement To: _____

H. Meeger
Signature of School Liaison

For District Office Use Only:

Grant Number: _____

LHHS STUDENT ACTIVITIES
2675 S Palo Verde Blvd
Lake Havasu City, AZ, 86403
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Lake Havasu Unified School District # 1
Fee/Reduced and Homeless
School Reimbursement Form

*** COPY ***

#3040

ORDER NO.	DATE	PRICE	TOTAL
15812	05/27/14 10:26am	90.00	90.00
Summer School Econ Class			
TOTAL:			90.00

7

School: Lake Havasu High

PAYMENT TYPE:
90.00 Cr #101
90.00 TOTAL

[Redacted]

Student ID: [Redacted]

Go to [http://www.lhhs.edu](#) to clear up obligations ASAP!

Student Gender: Male Female

Homeless: ✓

Assistance Type: Clothing Medical Oral Health Participation Fees Other

Amount of Reimbursement: \$90.45

Description: Summer school - 1/2 #

Send Reimbursement To: _____

[Signature]
Signature of School Liaison

For District Office Use Only:
Grant Number: _____