

Request for Reimbursement

Name _____ Grade _____

Today's Date _____

Reimburse from: School Account (must have prior approval from principal)

Class Funds from Grade _____

Other _____

Summary of Items Purchased:

Dollar Amount:

Comments:

Do you want your original receipts back?: Yes

No

Please staple receipts to the back of this form.

Teacher's Approval: _____ Date _____

Principal's Approval: _____ Date _____