Teacher $100 Reimbursement for Classroom Purchases
(2019-2020)

Print all information except your signature.

Teacher Name: ____________________________________________

School: ___________________________________________________

Please list vendor, amount of each purchase and attach original receipts.

Vendor Name Cost
1. ________________________ $________
2. ________________________ $________
3. ________________________ $________
4. ________________________ $________
5. ________________________ $________

Total Expenses for Reimbursement $ _______

NO MORE THAN TWO REIMBURSEMENTS CAN BE TURNED IN FOR THE YEAR. MINIMUM REIMBURSEMENT PER REQUEST IS $25. MAXIMUM IS $100.

Signature: ____________________________________________

Date: ____________

Purchases must be completed no sooner than July 1, 2019 and no later than February 1, 2020.
This completed form with receipts attached must be received at the Administration Building, Attn: Accounts Receivable (672-6625 x22171) by February 3, 2020.
No exceptions will be made.