Teacher Name: ________________________________ Total Amount: ____________

(Not to exceed maximum - See below)

Check which one applies to you:

____ 4 Hour Classroom Teacher - $75 maximum per fiscal year

____ Full Time Classroom Teacher - $150 maximum per fiscal year

Campus: ___________________________ Grade: ____________

Please Note:

• Teachers, Library media specialists (Librarians), Dyslexia teachers, Counselors and Speech teachers will be eligible for reimbursement of supplies and materials they purchase for use in their classroom or library if they have a class that they teach on a regular basis.

• This form must be turned in at your school office so it can be approved by your Principal and forwarded to the Business Office. Please make sure to write your full name neatly in the space provided.

• Only receipts dated from September 1, 2018 through August 31, 2019 will be honored. All original receipts must be legible, with date and vendor name visible on receipt then neatly attached to this page.

I hereby affirm that all reimbursement requests conform to guidelines that the purchases are for tangible items for the direct benefit of the students in the classroom.

________________________________________
Teacher/Librarian Signature

________________________________________
Principal Signature

Account Number: 1899-11-999-11-6399-00