



## Classroom Teachers' Supply Reimbursement Reimbursement for Supplies Request

**For Accounting Purposes Only:**

199.11.6399.203.xxx.11

Today's Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Assignment: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_  

Last
First
MI
Teacher Vendor Number

Mailing Address: \_\_\_\_\_  

Street Number
Street Name
Apt. #
  

City
State
Zip Code

Receipt Date	Receipt #	Vendor's Name	Description of Items Purchased	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			<b>Total</b>	\$

To qualify for reimbursement: Itemized receipts **MUST** be attached. Purchases are sales tax-exempt, and employees will **NOT** be reimbursed for sales tax paid. Campus Principal's signature indicates that items are of direct instructional benefit to students and are therefore eligible for reimbursement. **MAXIMUM REIMBURSEMENT AMOUNT IS \$60 per teacher.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_