

Request for Reimbursement

Full Legal Name of Person to receive check

Student Name

Mailing Address

Phone Number

City, State, Zip

E-mail address

One Receipt per Line

Date of Receipt	Vendor Name	Description of Purchase	Educational Purpose (Supplies/ Instruction/ Curriculum)	Total Amount

Total

Superintendent Signature

All items must relate to each student's ILP.
Must attach Original receipt from vendor with: date, name of items purchased and vendor name.