Teacher Reimbursement Form

Date: ____________________________

Name: ____________________________

School: ____________________________

Home Mailing Address: ____________________________

Reimbursement For:  (Circle One)  Stewardship  Snacks  FSN Club Supplies

                       Report Card Celebration  FSN District Supplies

Total Amount to be Reimbursed: ____________________________

Instructions:
Separate forms must be filled out for different reimbursement types.
Receipts can only list items for reimbursement. No personal purchases!
**Tax can NOT be reimbursed.**
In addition to filling out this form, tape no more than 2 (two) receipts for reimbursement per page.
Failure to correctly follow instructions will result in refusal of reimbursement.

Teacher Signature: ____________________________  Date: ____________