



Send to:
The SMILE Program
90 Lower College Rd.
Roosevelt Hall Room 1
Kingston, RI 02881

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:** _____