



REIMBURSEMENT FORM

Family # _____

Family Name: _____ Phone: _____

Date: _____

** Items must relate to each student's ILP and be approved by Contact Teacher to be processed.*

** **Individual** receipts not taped to an 8 1/2"x11" paper may cause a delay in processing.*

# of Re-ceipt	Date	Student Name	Vendor Name	Description of Purchase/ Service	Course on ILP	Educational Purpose (Supplies, Curriculum, Instruction)	Total Cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Parent Signature: _____

Teacher Signature: _____

Administrator Signature: _____

Total Amount: _____