



# TEACHER / STAFF REQUEST FOR REIMBURSEMENT

Check Payable to:

Date:

## PROCEDURES:

- Staple ORIGINAL receipts to the back of this form and include proof of payment or copy of cc/ bank statement.
- Circle (Do Not Highlight) items on each receipt that are to be reimbursed.
- Reimbursements must be turned in within 60 days and are limited to \$300 per school year.

CONSUMABLE	VENDOR NAME	DESCRIPTION	\$ AMOUNT	ACCOUNT
TOTAL \$				

**Printed Name**

**Signature**

**FPCS Signature**