



## Claim for Materials and Supplies Reimbursement

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Address: \_\_\_\_\_

**Directions:**

- 1) Use a separate reimbursement request sheet for items that are not classroom materials and supplies.
- 2) Include no more than 6 purchases on each reimbursement request form.
- 3) Itemized, original receipts must be attached (no email receipts). Receipts smaller than a full page should be taped to a full size piece of paper. Multiple small-sized receipts can be taped to one page.  
 For on-line purchases, be sure you print a receipt showing actual payment was made. When items received, packing slip must indicate all items received. If no packing slip, Site Administrator must confirm product(s) on site and they can do this on the receipt. All on-line purchases must be shipped to the school and the receipt must show the school as the delivery address.
- 4) Write the receipt number listed on this page next to, or on, the corresponding receipt that is attached.
- 5) If part of the items on a receipt have been returned, attach a sheet showing how the amount claimed was calculated.

Receipt Number	Date	Description of Items	Where Purchased	Total
1				
2				
3				
4				
5				
6				

**Total Reimbursement Claim:** \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/Supervisor Signature

\_\_\_\_\_  
Date

<b>This box for District Office Only</b>									Form revised: 10/06/14
Vendor #	Account Codes:								Batch
_____	Fund	Resource	Year	Goal	Function	Object	School	Mgmt	_____
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