Reimbursement Request

Name:_____   Date of Request:_____

Activity for which supplies are requested: □ Class:_____

☐ Special Event:_____

Date of Class/Event:_____

Purpose:_____

Items Needed:_____   _____

_____   _____

☐ I have already purchased the items and need reimbursement (attach receipt) (requires prior approval).
☐ I am requesting funds to purchase the above items.

Amount: $_____   Date purchased/needed:_____

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