



TEACHER ALLOTMENT REIMBURSEMENT FORM

Teacher name: _____

Room number _____

Item, place of purchase and amount:

Please indicate the total amount for reimbursement:

1st semester \$ _____ 2nd semester \$ _____

Teacher signature: _____ Date: _____

Principal signature: _____ Date: _____

Paid Check No. _____ Date Paid: _____

Account Clerk Signature: _____

RECEIPTS MUST BE ATTACHED WHEN RETURNED FOR PAYMENT