



# TEACHER ALLOTMENT REIMBURSEMENT FORM

Teacher name: \_\_\_\_\_

Room number \_\_\_\_\_

Item, place of purchase and amount:

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Please indicate the total amount for reimbursement:

1<sup>st</sup> semester \$ \_\_\_\_\_ 2<sup>nd</sup> semester \$ \_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid Check No. \_\_\_\_\_ Date Paid: \_\_\_\_\_

Account Clerk Signature: \_\_\_\_\_

**RECEIPTS MUST BE ATTACHED WHEN RETURNED FOR PAYMENT**