



# REQUEST FOR REIMBURSEMENT - Teachers 2009-2010

Date: \_\_\_\_\_

From: \_\_\_\_\_

(School)

**Category:**

Art

Music

Band

Orchestra

K-5 Music

4-8 Choral Music

Drama

Poetry

Other \_\_\_\_\_

**Make check payable to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please include address)

**Amount:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_

Principal's Signature

**A copy of the invoice or sales receipt must be attached.  
Thank you!**