

2008 – 2009 CLASSROOM ASSISTANCE REIMBURSEMENT REQUEST

Return completed request form along with copies of all receipts to the Office. All expenses must be submitted before March 31, 2009.

Requestor's Name: _____

Date of Request: _____

Amount Requested: _____

Check Payable to: _____

Address: _____

(if mailing is necessary) _____

Explanation of Expenses

Please provide a description of expenses incurred. If expenses were incurred for more than one teacher account, please explain below.

**Printers must be preapproved by the Technology Committee for maintenance support (including toner) to be provided.

*****FOR PTO TREASURER'S USE ONLY*****

Check #: _____

Amount: _____

Date Paid: _____