REIMBURSEMENT REQUEST FORM

1 Claimant Information

Full Name: **Date:**

Home Address: **Email Address:**

2 Expense Details

Please attach all original receipts or invoices supporting these expenses.

Date of Expense	Vendor	Description/Purpose of Expense	Amount	CODE (office use only)

Total Reimbursement Amount: _____

3 Preferred Payment Method (Select ONE option below)

- ☐ **Direct Deposit**
  Directly transfer funds to the bank account currently on school file.
- ☐ **Receive Payment by Check**
  Mailed to your address or sent home via your child's backpack.
- ☐ **Receive a Donation Tax Receipt**
  Forego cash reimbursement; instead, receive a charitable tax receipt for the full eligible amount.

4 Authorization & Signatures

Claimant Signature: _____ **Date:** _____

Approver Signature: _____ **Date:** _____