



ROOM PARENT REIMBURSEMENT FORM

Date: _____

Name: _____

Address: _____

Email: _____

Grade _____ Teacher(s) _____

Is this to be divided across the entire grade? YES/NO

Please list each item purchased and amount - **ORIGINAL RECEIPTS MUST BE ATTACHED**

- Receipts must be turned in within 30 days of party to be eligible for reimbursements
- Allowable expenses for 3-4 Parties Per Year, 3 Gift Purchases Per Year (\$25 Per Gift)
- Please retain a copy of this for your records

| Item/Place of Purchase | Purpose of Expenditure (list one): Halloween Party, Holiday Party, Holiday Gift, Valentines Party, TAW Gift, End of Year Party, End of Year Gift | Amount |
|------------------------|---|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

Total Amount Requested: _____

Mail to Me

Send Home with my Child

Child's Name _____

Teacher's Name _____

Treasurer Use Only

Receipts Received: _____ Check #: _____ Date: _____ Amount: _____

