

DATE PAID: _____

CHECK #: _____

ROOM PARENT REIMBURSEMENT FORM

Teacher/Grade: _____

Name: _____

Date: _____ Amount: _____

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

Please check box for reason of request:

Halloween Party

TAW Gift

Holiday Party

End of Year Party

Holiday Gift

End of Year Gift

Valentines Party

Other

****Original receipts must be turned in within 30 days of date of purchase.***

**** Please retain a copy of this for your records***

****4 Parties Per Year, 3 Gift Purchases Per Year (\$25 Per Gift)***