

Teacher Stipend / Reimbursement Form

Please place this form in the Treasurer's mail tray in the copy room.

Date: _____

Teacher Requesting Stipend: _____

Amount: _____
(Receipts or order form must be attached.)

Items Purchased /Intended Purpose:

Check One:

- Reimbursement Request
*Please attach receipts to this form.
No reimbursements will be issued without receipt(s).
Please use the tax-exempt ID certificate. Taxes will not be reimbursed.*

- Order Request
*Please attach a completed order form that includes address and phone number of company.
Note any special ordering instructions on the back of this form.*

Please Note: Deadline for all stipend requests is January 31, 2010.

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Board Member's Approval: _____

Treasurer's Approval: _____

Check #: _____

Date: _____

