FamilyLink

Parent Reimbursement Form 2010-11
For Approved Teaching Materials and Services

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

- ***Itemized and dated ORIGINAL receipts must accompany this form. You may include sales tax and shipping in your request. Be as detailed as possible.***
- ***Non-consumable items (books, manipulatives, etc.) need to be checked into the FamilyLink library before you will be reimbursed.***

Paid To:	Item Description	C or NC	Date of Receipt	Amount Paid

Total submitted for Stipend Reimbursement: _____

Consulting Teachers: Please indicate consumable (C) and non-consumable (NC) purchases next to each item. ***All NC's must be checked in to the library before reimbursement****.*

Purchase Order # _____ ❑Fall ❑Winter ❑Spring ❑End of Year

Consultant Authorization: _____ Date: _____