ROGERS SCHOOL DISTRICT

Supply Reimbursement Form

(Regular Classroom Teacher K thru 6th Grades)

Teacher First, Last Name_____

Vendor # _____School_____Position_____

(School office use only)

Date	Item(s) purchased	Company/Store	Amount
Total			

Principal Approval_____Date_____

Reimbursement will be in December and May. Send completed form with receipts attached to Liz Jenkins in the Finance Department, 10 days prior to December 10th and May 10th.

Please make sure all purchases have been completed prior to submitting form.

Revised 06/06/2018