

ROGERS SCHOOL DISTRICT  
Supply Reimbursement Form  
(Regular Classroom Teacher K thru 6<sup>th</sup> Grades)

Teacher First, Last Name \_\_\_\_\_

Vendor # \_\_\_\_\_ School \_\_\_\_\_ Position \_\_\_\_\_

(School office use only)

Date	Item(s) purchased	Company/Store	Amount
<b>Total</b>			

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement will be in December and May. Send completed form with receipts attached to Jacque White in the Finance Department, 10 days prior to December 10<sup>th</sup> and May 10<sup>th</sup>.