

**REQUEST FOR REIMBURSEMENT FORM**  
**Enrich Homeschool Co-op**

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

Please make check payable to: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Itemization of Expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Signature

**\*\*\*Original receipts must accompany all requests for reimbursements\*\*\***

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Paid by Check #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature