ROSY MOUND ELEMENTARY SCHOOL
AFTER-SCHOOL ENRICHMENT PROGRAM

Salary Request & Supply Reimbursement Form

Please complete and return this original form (keeping a copy for your records) with the class folder, to the PTA's Enrichment Program box at the completion of your class.

Instructor Name: _____

Class: _____

Term: Fall 2009____ Winter 2010____

Today's Date: _____

Please reimburse for:

INSTRUCTION:

_____ (#) classes x $ per class $_____

SUPPLIES: $_____
Attach copies of receipts with totals circled.
If a tax-exempt card was not used for purchases, you will not be reimbursed for sales tax incurred.

TOTAL: **$**_____

Send payment to:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

E-Mail: _____

If you have any questions, please contact: Brenda Smith 847-9336

For Office Use:
Amount Paid: $_____ Date Paid: _____ Check #: _____