Rosy Mound Enrichment Program

Salary Request & Supply Reimbursement Form – Winter 2014 term

DATE: _____

Please complete and return this original form (Keeping a copy for your records), to the PTA Enrichment Program upon completion of your class session.

Instructors Name: _____

Class: _____

Instruction: *If you wish to donate your time, please leave blank. The funds will go to the PTA Enrichment program budget for use with various projects or rewards.*

_____ (#) classes x $20 per class $_____

Supplies:
(original receipts must be attached upon completion of class for reimbursement)

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

TOTAL $_____

Send Payment to:

Name: _____

Address: _____

_____

Phone: _____

E-mail: _____

If you have any questions, please contact the VP of Enrichment at enrichment@rosypta.org.