



## Teacher Reimbursement Request Form

**SY 23-24**

(Please Print Clearly)

**Name:** \_\_\_\_\_

**Grade/Specialty:** \_\_\_\_\_

**Reimbursement Requested: \$** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Select Budget Line Item:**

- Teacher Wish List (up to \$116 for dues paying Full Time Teachers & Interventionists)
- Teacher Fund (up to \$100 for dues paying Full Time/\$50 Part Time)
- Grade-Level Funds ( \$150 per grade)
- Other Budget-Line Item \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach all receipts and either place in the Home & School Mailbox in the office (Attn: HSA Treasurer) *or* e-mail directly to the HSA Treasurer at [Treasurer@demaresthsa.org](mailto:Treasurer@demaresthsa.org). Please note, no reimbursement can be processed without receipts.

Reimbursements can take up to two weeks to process. All checks will be given to the Demarest School Secretary to distribute.

If you would like reimbursement mailed directly to you, please provide a self-addressed stamped envelope.

Signature: \_\_\_\_\_