



Teacher Reimbursement Request Form

SY 25-26

(Please Print Clearly)

Name: _____

Grade/Specialty: _____

Reimbursement Requested: \$ _____

Date: _____

Select Budget Line Item:

- ☐ Teacher Wish List (up to \$110 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 them in the Home & School Mailbox in the office (Attn: HSA Treasurer) *or* e-mail directly to the HSA Treasurer at 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: _____