

# ER Open Optional Reimbursement Form

## Eagle River Elementary

**Requestor Name:**

Phone:

Email:

Request Date
<input type="text"/>

**Check Payable To:**

Mailing Address:

City, State, Zip:

Child's Name  Teacher's Name

**Choose one:**

- Mailed
- Sent home w/ child

### Itemized Expenses

*Attach Receipts. Circle the date & amount on each receipt. For partial receipts, circle EROOPA items & write the total on the receipt*

RECEIPT DATE	DESCRIPTION	AMOUNT
<b>TOTAL</b>		

### Description of Usage / Reason for Reimbursement

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Approval

Approved By (Name) \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Check Date	Budget Account / Category	Check No.	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>