## **Teacher Classroom Expense Reimbursement Form**

(No MI sales tax can be reimbursed. Please purchase personal items seperately. All receipts must accompany this form.)

Name:		Date:	
Date	Store	Item Description	Amount
		Total Reimbursement	
Account #			
Faralassa Oiasa	-4		
Employee Signa	ature:		
Supervisor Sigr	nature:		

1/13/22mo