FOR TEACHERS	
PO#:_	



## **Student Budget Reimbursement Form**

School/Location:				Student Name: Teacher Name:				
		lian Informat		<u>Pay t</u>	o the Order of			
Nar	ne:			Nam	e:			
E-m	ail:			Addı	ess:			
Pho	ne:			City,	ress: State:		ZIP:	
*PLE/	ASE LIST ON	NE RECEIPT IN E	ACH SPACE BELOW*			K IF NEW MAILING	ADDRESS	
	Receipt Date	Receipt From	Product Description (List summary of books, supplies, o		Goal	Class on MA	Return?	Budget Amount (EUs)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.						+		
15.					-	latena da Dana		
By Si	gning Belo	w:			IC	otal Funds Req	uested:	
I h	ave noted no ertify that al	on-consumable it I services rendere	ed all original receipts and certify that thems and will return the items in accordated were either (1) performed through a this reimbursement and will retrieve the	ance with PCI Po virtual platform	olicy. 1 <mark>OR (2) held in-person.</mark>		f PCI and its	family of schools.
PO		REIMBURSEN RIGHT TO REFUS	Da MENTS TAKE UP TO SIX WEEKS TO PRO SE ANY REIMBURSEMENT REQUESTS V	DCESS ONCE I		ACCOUNTS DEPAR CIES AND SCHOOL-	SPECIFIC A	
All in cont <b>a.</b> <b>b.</b>	voices, red act numbe Tangible it Services m amount, r	er, and reflect rems must be i nust be listed w nethod of pay	tements must be printed with the method payment (showing that the temized (i.e. Target and Walmart vith date(s) of service, service desment, and virtual platform used to swill not be reimbursed (NO EXCE	they have be receipts) scription, stud o deliver the	en PAID) ent's name,	DATES		ONLY