FAIRBANKS BEST HOMESCHOOL

Request for Reimbursement

Date _____

Full Legal Name of Person to receive check _____

Student Name _____

Mailing Address _____

Phone Number _____

City, State, Zip _____

E-mail address _____

One Receipt per Line

Date of Receipt	Vendor Name	Description of Purchase	Educational Purpose (Supplies/ Instruction/ Curriculum)	Total Amount

Total

Parent Signature _____

Education Specialist's Approval _____

All items must relate to each student's ILP.
Must attach Original receipt from vendor with: date, name of items purchased and vendor name.