

**Rivercrest School District #57
22 North Jefferson
Wilson, AR 72395**

PreK – 12 Teachers / Principals / Secretaries
This Form Should Not Be Used For Travel Reimbursement

You Must Have Written Approval (purchase order) Before Purchasing Items

REASON FOR REIMBURSEMENT / CHECK ONE BELOW

_____ Classroom Supplies _____ Activity Fund Name _____

_____ Other Purchase(s), Explain _____

<p>PLEASE COMPLETE THIS FORM WHEN REQUESTING TO BE REIMBURSED FOR ITEMS PURCHASED WITH PERSONAL FUNDS.</p> <p>Attach All Original Receipts to This Form for the Total Amount Owed to You.</p> <p style="text-align: center;">Sign & Date Form</p> <p style="text-align: center;">Return Completed Form and Original Receipts To Central Office</p> <p style="text-align: center;">*NOTE* <u>When Purchasing Classroom Supplies All Orders MUST be placed before Oct. 1st and Receipts turned in to Central Office by Oct. 31st. NO Reimbursements will be Approved after Oct. 31st.</u></p> <p>Please submit this form with Original Receipts ONLY after you have spent ALL of your \$250 for Classroom Supplies. <u>We Reimburse One Time</u></p>	<p style="text-align: center;">Beginning Balance This Amount is Needed Only if Purchasing Classroom Supplies or an Amount Set by Authorized Personnel</p>	<p style="text-align: center;">\$ _____ Example \$250.00</p>
	<p style="text-align: center;">Total Amount Paid for With Purchase Order # _____</p>	<p style="text-align: center;">\$ _____</p>
	<p style="text-align: center;">Total Amount Spent Using Personal Funds With Purchase Order # _____</p>	<p style="text-align: center;">\$ _____</p>
	<p style="text-align: center;">Total Amount Spent If for classroom supplies, Total should not exceed \$250.00</p>	<p style="text-align: center;">\$ _____</p>
	<p style="text-align: center;">Total Amount To Be Reimbursed to You or Activity Fund</p>	<p style="text-align: center;">\$ _____</p>

Circle School Below

Name _____

Address _____

Rivercrest Elem. RHS 7-8 RHS 9-12

City _____ State _____ Zip _____

Date _____