

RCNS 2008 – 2009 Reimbursement Form

Name: _____
Child's name and class: _____
Substitute pay (amount owed): _____
Teacher's name and date substituted: _____

<i>This purchase was for:</i>	<i>Amount</i>
_____ accounting fees	_____
_____ advertising	_____
_____ director's fund	_____
_____ dues & licenses	_____
_____ hospitality	_____
_____ insurance	_____
_____ lunch bunch expense	_____
_____ postage	_____
_____ printing (& copying)	_____
_____ repair & maintenance	_____
_____ school enhancement	_____
_____ copies	_____
_____ educational materials	_____
_____ equipment	_____
_____ furniture	_____
_____ snacks (including paper products)	_____
_____ special programs	_____
_____ summer camp supplies	_____
_____ supplies	_____
_____ class set-up (non-consumables) for class/general _____	_____
_____ class supplies (consumables) for teacher _____	_____
_____ custodial supplies	_____
_____ emergency	_____
_____ office supplies	_____
_____ outdoor supplies	_____
_____ teacher prof. development (& requirements)	_____
_____ other (please specify) _____	_____

Director's Signature: _____

RCNS does not reimburse for tax, please remember to use the tax exempt card.