

ADOPT A CLASS REQUEST FOR REIMBURSEMENT

Reimbursement Requested by: _____ Date: _____

Reason for Reimbursement _____

School-Budget Line Item _____

Reimbursement Amount \$ _____

(Please attach receipts or invoice)

Team Leader Approval: _____

or

Director Approval: _____

Check disbursement:

Check payable to: _____

_____ Mail Check

Address: _____

Request and receipt(s) can be emailed to:

adopt.a.class.tandp.tn@gmail.com or mailed to:

Eleanor Salchak
410 Shawnee Place
Loudon, TN 37774

For Adopt A Class Records:

Payment Date: _____

Check # _____