



CLASSROOM SUPPORT GRANT REIMBURSEMENT REQUEST

Request Date

Requestor Name: _____

Deliver payment via:

☐ **PayPal** Email address for PayPal payment (if you leave this blank, a paper check will be issued).

☐ **Paper check**

Please check one:

☐ **GenEd Classroom**

Teacher: _____

☐ **Grade Level**, Grade: _____

☐ **Playground** (coordinate with Lori Riggs)

☐ **SEL** (coordinate with Kyle Hutchinson)

☐ **ESA** (OT, PT, SLP, Nurse, Psychologist)
(coordinate with Jessica Wada)

☐ **SPED/Case Manager**

Case Manager: _____

☐ **Specialist**, Subject: _____

☐ **Sensory** (coordinate with Kyle Hutchinson)

☐ **Counselors** (coordinate with Susan Roden)

☐ **English Language Learners**
(coordinate with Martina Dziadosz)

Itemized Purchases You must attach your receipts to this form for any reimbursement to be made per non-profit regulation.
List additional expenses on back of form, if necessary.

Supplier	Description	Amount
Total Requested:		\$ _____

By signing this form, I confirm that all purchases requested are in alignment with the Shorewood PTA mission and that all items purchased will remain at Shorewood Elementary.

Requestor's signature _____

_____ Date

1st Signer Signature _____

Position _____

Approved by _____

_____ Date

2nd Signer Signature _____

Position _____

Approved by _____

_____ Date

Check Date _____

Budget Account/Category _____

Check No. _____

Amount _____

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Keep a copy of receipts for your records

All checks shall be deposited within 45 days of issuance