

**TRINITY HOMESCHOOL ENRICHMENT  
Reimbursement Form**

**\*\* Attach receipts to back of form \*\***

Class Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

Semester (circle one)    FALL                  SPRING                  Year: \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED \$** \_\_\_\_\_

If reimbursement is NOT for class supply fee, provide reason: \_\_\_\_\_

**COMPLETE RECEIPT INFORMATION BELOW**

**Receipt #1**                  Reimbursement Amount: \$ \_\_\_\_\_

Store Name: \_\_\_\_\_                  Receipt Date: \_\_\_\_\_

**Receipt #2**                  Reimbursement Amount: \$ \_\_\_\_\_

Store Name: \_\_\_\_\_                  Receipt Date: \_\_\_\_\_

**Receipt #3**                  Reimbursement Amount: \$ \_\_\_\_\_

Store Name: \_\_\_\_\_                  Receipt Date: \_\_\_\_\_

**Receipt #4**                  Reimbursement Amount: \$ \_\_\_\_\_

Store Name: \_\_\_\_\_                  Receipt Date: \_\_\_\_\_

**Receipt #5**                  Reimbursement Amount: \$ \_\_\_\_\_

Store Name: \_\_\_\_\_                  Receipt Date: \_\_\_\_\_

**FOR OFFICE USE**

Date \_\_\_\_\_                  Amount Reimbursed: \$ \_\_\_\_\_                  Check # \_\_\_\_\_