

# Southeast Christian Homeschool Community

## Reimbursement Request

**Instructions:**

STAPLE the valid receipts (containing: store name, date, and amount) to the back of this form.  
Complete this form and itemize the receipts.  
Submit to the SCHC Financial Supervisor.

Southeast Christian Homeschool Community  
Kristin Rogers  
PO BOX 2907  
Clackamas, OR 97015

**Request Date:** \_\_\_\_\_

**First & Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Purchase Date	Name of Class or Event	Explanation of Purchase	Amount

**Reimbursement Total: \$**

Monday School Expense: Is this request within your class budget?

For questions or assistance with your Reimbursement Request, contact our Financial Supervisor:

Kristin Rogers  
503-866-8424  
email: [kandjrogers@comcast.net](mailto:kandjrogers@comcast.net)