



PRINTABLE FORM:
Room Parent Reimbursement
(If you are not a room parent, please use the general reimbursement form.)

Payable to: _____ Date: _____

Address: _____

City, State: _____ Zip Code: _____

Phone #: _____

Thank you for your support as a room parent.

ACCOUNT CODE	PLEASE INDICATE GIFT BELOW, THEN ATTACH RECEIPTS TO BACK OF FORM	TEACHER NAME	GRADE	DOLLAR AMOUNT
6440	Birthday Gift			
6440	Christmas Gift			
6440	Appreciation Gift			
	PLEASE INDICATE PARTY, GRADE AND AMOUNT, THEN ATTACH RECEIPTS TO BACK OF FORM			
6340	Halloween Party			
6340	Christmas Party			
6340	Valentine Party			
TOTAL TO REIMBURSE:				

Attach all receipts to the form and send to Karen Limbert, Treasurer, c/o Charlie Limbert 3A or via email at karenlimbert@gmail.com

Payment to be sent via:

- Mail to above address
- Backpack mail (include child/grade _____)
- Pick up at school office



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