

## Reimbursement slip

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class: \_\_\_\_\_ \$ \_\_\_\_\_

Please staple this form to your receipts. Highlight or underline the purchases on your receipt for each class

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### **Office use only:**

Check # \_\_\_\_\_ Date: \_\_\_\_\_

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## Reimbursement slip

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## Reimbursement slip

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