



Reimbursement Request

Please make check payable to: _____

Mail to: _____

School: D.V.E.S. Halifax Readsboro Stamford Whitingham TVMS TVHS

Program: _____

Description of costs: _____

Date	Store / Other	Items	Total
Total payment needed			

All entries must be supported by the actual receipt / Sales tax is not reimbursed

Approved by: _____
 Site Coordinator

Date: _____

Approved by: _____
 Wings Administration

Date: _____