

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