

HFHG-EC Reimbursement Request

**Please attach all receipts to this form.*

Teacher's Name: _____

Class: _____ Grade(s): _____

Total Amount Requested: \$ _____

Date:	Description of item(s):	Quantity:	Amount:	Total:

OFFICE USE ONLY	
Date Received:	
Received By:	
Amount Reimbursed:	
Check #:	
Notes:	

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