



3548 Seagate Way Suite #140 Oceanside, Ca. 92056
 760.295.1117 Fax: 760.509.4691

MATERIAL Reimbursements

SDNH PARENT / STUDENT INFORMATION

Parent Name : _____ Student Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

A separate original receipt must be provided for each purchase

Student Name _____

Materials	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount	\$

Reimbursement receipts must be submitted on a monthly basis. The final reimbursement receipts must be submitted on the last business day in May.

Parent Signature:

Date:

Office Use

Date Received

Date Reviewed

Amount Approved

Directors Approval

REQUEST FOR REIMBURSEMENT