



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

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