



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

Reimbursement of Supplies Form

Name _____

Date _____

Store Name _____

Amount _____

Description of Purchase _____

Reason for Purchase _____

Program Assigned to _____

Immediate Supervisor's Signature _____

Principal's Signature _____

Date _____

Asst. Superintendent of Business
& General Counsel Signature _____

Date _____

No reimbursement will be made without attached store receipts!!

Office Use Only:

Code: _____ Amount: _____

Check No: _____ Date: _____