TAC REIMBURSEMENT FORM

*Please fill out the form completely and **attach receipts**. Forms can be turned into the red TAC box in the pod. Forms MUST be returned **within 30 days** of purchase, or they will not be reimbursed.*

Date: _____

Budget Category:

☐ 3rd Grade Camp ☐ 5th Grade Camp ☐ 5th Grade Celebration ☐ End of Year Picnic ☐ Auction Items

☐ Auction Food/Venue ☐ Auction Operating Expenses ☐ Auctioneer ☐ Birthday Bash ☐ Classroom Supplies

☐ Fire Pod Copy/Laminating Budget ☐ Nature Bridge ☐ Primary Day Camp ☐ Silver Ridge School Activities

☐ STEAM ☐ Subscriptions ☐ TAC Supplies ☐ Theatre ☐ Other Celebrations ☐ Miscellaneous

APPROVED BY: (name/signature of lead): _____

Phone/Email: _____

Write Check To (Name): _____

Send Check with (child name and teacher): _____

Description of Purchase	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

Treasurer Use Only

Check Number _____ Amount _____ Date _____

Budget Category _____