



# 2017-18 School Supply Reimbursement Form

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Schools should use this form if they have purchased supplies to be used for a Right Brain residency. Please complete this invoice and attach copies of receipts for each item listed. Invoices submitted by noon on Wednesday will be paid the following Monday. Only one payee per Supply Reimbursement Invoice. All requests MUST be turned in by **June 20, 2018 at 12pm.**

	Description	Quantity	Cost per Item	Item Total Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				

Invoice Total: \$ \_\_\_\_\_

Supplies are to be used for programming with which artist? \_\_\_\_\_

**PAYMENT INFORMATION**

Make check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

**SIGNATURE**

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:**