



2016-17 School Supply Reimbursement Invoice

School Name: _____ Date: _____

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. Supplies purchased by the school must be used for programming scheduled through The Right Brain Initiative. Only one payee per Supply Reimbursement Invoice. All requests MUST be turned in by **June 21, 2017 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:

Young Audiences | 1220 SW Morrison Street, Suite 1000, Portland, OR 97205
Fax: 503-225-0953 | Tel: 503-225-5900 x 231 | josephine@ya-or.org