



2018-19 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 19, 2019 at 12pm.**

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

Invoice Total: \$ _____

Supplies are to be used for programming with which Teaching 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 | 503-225-5900
Scan and email to Kim Strelchun: kstrelchun@therightbraininitiative.org