MLCS MT LASSEN CHARTER SCHOOL

PARENTS REQUEST FOR REIMBURSEMENT

Request Made By _____ **Date** _____

- ☐ **Activities**
- ☐ **Sports**
- ☐ **Other**

Receipts Must be Attached.

Date	Item to Reimburse:	Student Name:	Amount of Purchase
		Total:	0

Parents's Signature: _____ **Date:** _____

OFFICE USE ONLY

Director's Signature: _____ **Date:** _____

Account Charged: _____

Submit