

Reimbursement Form 2016-17

Purchased by Coach to be Reimbursed by DCS

Date form submitted to DCS: _____

Please see handbook for % allowable in September and January policy

Student Name	
Parent/Coach	
Education Guide	



Curriculum / Materials

DESCRIPTION	**Approved by Guide and identified in PLP	Is this a non-consumable?		Bar Coded non-consumable	COST
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
Total Cost:					

**Please note. Items need to be approved by Guide BEFORE reimbursement and MUST be identified in Personalized Learning Plan (PLP)

Coach Signature: _____	Date: _____	Educational Guide Signature: _____
For Office Use Only:	Total ineligible \$ _____	Items that are ineligible: _____
Total eligible \$ _____		
Total Reimbursed: _____ Check Issue Date: _____ Check # _____		