

Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042

ADVANCE APPROVAL REQUEST FOR REIMBURSEMENT FOR CLASSROOM SUPPLIES

NAME: _____ CLASS: _____ DATE: ____/____/____

I would like to request advance approval for reimbursement for the following classroom supplies:

	Supply Item	Reason for Request	Approximate Cost of Item(s)	Anticipated Vendor
1.				
2.				
3.				
4.				

I understand the cost of the above items will be deducted from my classroom account/budget and that I will need to present the district with a receipt before reimbursement will be made.

Employee s Signature _____ Date ____/____/____

 Approved

Denied

Comments: _____

