HOMESCHOOL INSTRUCTIONAL MATERIALS REIMBURSEMENT REQUEST FORM

DATE:	HOMESCHOOL NAME:				
HOMESCHOOL A	DDRESS:				
Receipt Date of Purchase	Vendor Name	De	escription of Item(s)	Amount for Reimbursement
					\$
					\$
					\$
					\$
Comments:					
1				imbursement Total:	\$
tests meet the co filed a <i>Student Ro</i> All of the informa	nat the listed expending the listed expending the lister of eligibility and the lister of the lister	as prescribed by Minn public Students form s true and correct to	esota Statutes 2022, with Bemidji Area S the best of my belie	, section 123B 123 chools by October 1 of and knowledge.	B.48 and that I have
Signature:		Dat	e:		
	hed all receipts for eli				ent request form.
This form must be	e completed and subm	itted to Bemidji Area	a Schools Registratio	n Office by October	1.
	C	FOR DISTRIC OMPLETE AND FORWA	T USE ONLY: RD TO BUSINESS OFFI	CE	
ACCOUNT CODE 04 E 710 590 000	351 460 \$	<u>UNT</u>	<u>NOTES</u>		CHECK REQ NO.
Rec	gistration	Curriculu	m Director	Busines	s Office
	,iscration	Curricutal	- Director	Busines	5 Omice
Date	Initial	Date	Initial	Date	Initial