



# CyberLynx

REIMBURSEMENT FORM

PRIMARY FIRST AND LAST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER STUDENT'S \_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_ Date Submitted

**One line per receipt (not for each item)**

Receipt #	Date of Purchase	Name of Vendor	WHAT DID YOU PAY FOR	COURSE NAME	EDUCATIONAL PURPOSE	TOTAL \$ AMOUNT	Name of student
<b>Example</b>	7/01/01	<i>Jones School Supplies</i>	<i>pens, software, books, paint brushes, &amp; paint</i>	<i>Alg. 1 - Art</i>	<i>Supplies for art lessons, Alg. textbook</i>	<i>\$98.56</i>	
1							
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8							

Nenana City School District  
P.O. Box 599  
Nenana, AK 99760

Toll Free in AK: (888) 424-5969  
Phone: (907) 832-5423  
Fax: (907) 832-5468

<b>Total from this page</b>	
<b>Total from back page</b>	
<b>Total Reimbursement Request</b>	