



CyberLynx

REIMBURSEMENT FORM

PRIMARY FAMILY FIRST AND LAST NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

STUDENT'S NAME(S) _____

_____ 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
Example	7/01/01	Jones School Supplies	pens, software, books, paint brushes, & paint	Alg. 1 - Art	Supplies for art lessons, Alg. textbook	\$98.56	
1							
2							
3							
4							
5							
6							
7							
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

Total from this page	
Total from back page	
Total Reimbursement Request	