



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