WENATCHEE SCHOOL DISTRICT NO. 246

Lifeskills Fund Reimbursement

Reimbursement for period ending _____

Date	Vendor	Purpose of Purchase	Amount
		TOTAL AMOUNT TO BE REIMBURSED (Not to Exceed $100)	

Please attach receipts for all purchases. RECEIPTS MUST BE ORIGINAL AND ITEMIZED.

At the close of each school year all remaining money must be turned into the District Office along with this form. A new start-up check will be issued to the appropriate teacher the following school year.

_____ _____

Lifeskills Fund Custodian/Print Name *Building*

_____

Lifeskills Fund Custodian/ Signature *Date*

_____

Administrator's Signature *Date*