

Instructor Reimbursement Request

Date of Request _____

Instructor Name _____

Address _____
 (where check is to be sent)

Below, fill in the date for each class, amount for each class and co-teachers for the classes for which this request is submitted.

Title and Level of Class _____

	1	2	3	4	5	6
Dates of Actual Class						
Amount Requested						
Co-Teacher, if any						

TOTAL Miles _____ @ \$.20 = \$

TOTAL Amount for 6 classes \$ _____

TOTAL CHECK REQUEST \$

Title and Level of Class _____

	1	2	3	4	5	6
Dates of Actual Class						
Amount Requested						
Co-Teacher, if any						

TOTAL Miles _____ @ \$.20 = \$

TOTAL Amount for 6 classes \$ _____

TOTAL CHECK REQUEST \$

Your signature _____

For Treasurer's Use Only
 Ck.# _____
 Date Pd. _____