



Prince George
Electric Cooperative



**ROUNDUP FOR EDUCATION
REIMBURSEMENT REQUEST FOR TEACHER EXPENSES**

NAME OF SCHOOL _____

TEACHER _____

Instructions:
 Provide store and dollar amount for each receipt
 Teacher, teacher representative, and principal must sign form for reimbursement
 Limit one teacher per reimbursement form
 Attach paid receipt(s) to each reimbursement form
 Mail completed forms w/receipts to: Prince George Electric Cooperative
 Attn: Kathy Kinsey
 P. O. Box 168, Waverly VA 23890

<u>Vendor/Store of Purchase</u>	<u>Dollar Amount</u>

****Total** \$

Date: _____

Teacher Signature: _____

Teacher Representative Signature: _____

Principal Signature: _____

***NOTE: Reimbursement checks will be mailed to teacher representative for distribution**