



Dexter Co-Op Nursery, Inc.

PO Box 392

Dexter, MI 48130

734.426.2491

www.dextercoop.com

Request for Reimbursement Form

Date: _____

Person Requesting Check: _____

Child's Class and Mailbox Number: _____

Amount: _____

Reason For Payment/Reimbursement:

- Classroom Supplies - Please Itemize in the space below
- Cleaning Supplies - Please Itemize in the space below
- Maintenance Expenses - Please Itemize in the space below
- Special Events - Name of Event: _____

Date of Event: _____

- Please Itemize in the space below

- Substitute Teacher - Circle all that apply: 3AM - 3PM - 4AM - 4PM Date: _____
- Other:

Description: _____

Itemization:

Treasurer's Documentation: Check Number: _____ Date: _____