

# Educational Vision Services - Request for Reimbursement

**Part I** – Complete before activity. Send to EVS for approval.

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

I request approval of expenditure of approximately \_\_\_\_\_ for the following:  
(Please provide a general description of the class trip or the activity designed to develop students' ADL skills.)

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Teacher Signature

Date

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Approved, Laurence Gardner, Director, Educational Vision Services

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**Part II** – Complete after activity. Return with signed approval (above), ORIGINAL dated receipt with issuing agent printed on receipt and items detailed on receipt or listed separately, and roster of participants (students and staff).

Please reimburse me in the amount of \_\_\_\_\_ for approved expenditure related to

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I have attached my ORIGINAL dated receipt with issuing agent and items printed on receipt.

Please mail my reimbursement check to:

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Home Address

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Home Phone

EIS/File Number

Below is a roster of staff and students who participated in this activity.

Students

Staff

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Teacher Signature

Date