

Agape Homeschool Group
Reimbursement Form

**Please fill out entire form and submit with your receipts and allow at least one week
for reimbursement.

Thank you!!

Name: _____ Date: _____

Class: _____

Number of Students: _____

Cost of class per student: _____

Total Owed to Teacher by Agape: _____

Total of Receipts Submitted: _____

Payment Received (Please Sign Upon Receiving)

X _____

To be completed by Treasurer:

Date Submitted _____

Date Reimbursed _____

Amount Reimbursed _____

Check # _____

Amount Still owed teacher (pending receipts) _____

Form to be filled in Family Folder according to parent receiving payment.