



Valley Regional Occupational Program

**Reimbursement Form**

(THIS FORM MUST BE APPROVED BY VROP SUPERINTENDENT  
BEFORE MONEY WILL BE REIMBURSED)

**ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO FORM**

**Date:** \_\_\_\_\_

INVOICE	COMPLETE DESCRIPTION OR SERVICE	TOTAL COST
Total Reimbursement:		_____

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_  
VROP Superintendent Approval

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Approved