

REIMBURSEMENT CLAIM FORM

Submit the following form monthly, September – May, by the 30th of the month.
(Please print, except signature.)

Date _____

Guardian Name _____ Total Amount Claimed \$ _____

Address _____

City _____ State _____ Zip Code _____

Name and grade of student(s) for which this reimbursement is being claimed. Families with multiple students enrolled can claim all children on one form:

	Student's Name	Student's Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Check and separate your expenses accordingly, including dollar amount for each category:

- Internet Service: Amount requested with corresponding receipt \$ _____
- Other expenses: Amount requested with corresponding receipt(s) \$ _____

I hereby attest that these expenditures were for educational purposes:

Signature of Parent/Guardian

Send to: Karval Online Education
P.O. Box 5
Karval, CO 80823
Fax: 719-446-5331
Email: pwolf@karvalschool.org

PLEASE ATTACH RECEIPTS!

Payments will be made on the 3rd Tuesday of the following month following the district board meeting.