



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: _____

Position: _____

Amount \$ _____

Reason for Payment/Reimbursement:

- ☐ Paid Assist (please list date(s) in explanation below)
- ☐ Last Minute Missed Assist (check with a teacher before requesting, please list the date for the missed assist and the family you assisted for in the explanation below)
- ☐ Classroom/Cleaning Supplies
- ☐ Special Events (please provide the name of the event in explanation below)
- ☐ Maintenance Expenses
- ☐ Substitute (please list date(s) in explanation below)
- ☐ Other (please provide further explanation below)

Explanation:

Treasurer's Documentation:

Check Number: _____

Date: _____