TECHNOLOGY FUND REIMBURSEMENT FORM

Technology Fund Expense Reimbursement Request

APPLICANT INFORMATION

First Name	
Last Name	
School Name	
Mailing Address	

TECHNOLOGY FUND INFORMATION

Available Technology Fund	$
Fund Contact	Associate Treasurer LaQuita Anderson landerson@ks-ne.org Tel: 785-478-4726

ITEMS PURCHASED/Prior email approval is required from superintendent

Please list each technology item purchased. Attach a copy of all receipts to this reimbursement request.

#	Item Purchased	Purchase Date	Amount
1			$
2			$

TOTAL REIMBURSEMENT REQUESTED	**$_____**

RECEIPT ATTACHMENT

☐ Receipts attached for all items purchased

SCHOOL SUPERINTENDENT APPROVAL

By signing below, the Superintendent confirms approval of the technology fund reimbursement request and the expenses listed above.

Superintendent Signature: Date:

Submit completed form with receipts to the Technology Fund Treasurer.