



NORTHSHORE CHARTER SCHOOL REIMBURSEMENT REQUEST
 111 Walker Street
 Bogalusa, Louisiana 70427
 Phone 985-732-0005 Fax 985-732-0580

Date _____

Requestor's Name _____

Reimbursement Total \$ _____

Requestor's Signature _____

Requestor's Address _____

Requestor's Phone Number _____

**All information must be completed or requisition will be returned unprocessed.
 Submit original requisition to Office Manager.**

Quantity	Item Description	Item Number	Color	Price Each	Total
					\$ -
					\$ -
					\$ -
					\$ -
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					\$ -
					\$ -
					\$ -
					\$ -
				Sub-total	\$ -
				Shipping	
				Total	\$ -

Approved By: _____

Approved By: _____