

**WILLISTON SCHOOL DISTRICT 29**  
**ACCOUNTS PAYABLE RECEIPT FOR**  
**TEACHER REIMBURSEMENT FOR SUPPLIES**

This is to verify that I am employed by Williston School District 29 for FY 2016-2017, and am eligible to receive the teacher reimbursement for supplies. This form acknowledges that I have received a \$275.00 check from the district to offset expenses for supplies and/or materials that will be directly related to the education of students in my classroom and that I am responsible for maintaining copies of the receipts.

Teacher's signature \_\_\_\_\_

Name of School \_\_\_\_\_

Date