



Washoe County  
School District

### Children in Transition

## **Check Reimbursement Request**

Date: \_\_\_\_\_

School: \_\_\_\_\_

Advocate: \_\_\_\_\_

***This form is to be used when requesting to have the school reimbursed for fees covered by the school upfront.  
Please attach documentation showing the total cost for the fees requesting for reimbursement.***

Student Name	ID #	School	Program	Fee Amount
Total:				

Check received by: _____	Date received: _____
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