

**Darby Public Schools**  
Greater Ravalli Foundation Reimbursement  
2020-21

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Staff Member's Name

Date

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Address

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City/State/Zip

**Teacher's Expense: \$350.00**

Please attach the original receipts.

Date of Receipt	Description of Items	Total
	Grand Total	

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**Teacher Signature**

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**Date**

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**Principal's Signature**

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**Date**