

**SMI Supply Request for Classroom Project
STEP #2: REIMBURSEMENT FORM**

Submission of this form will not be accepted unless you received SMI approval from
STEP #1: APPROVAL FORM.

Student's Name _____

Social Security Number _____

Mentor Teacher's Name _____

Date of Submission: _____

For which course are you enrolled? (please circle appropriate course listed below)

EDUC 3 EDUC 4

**Itemize and detail expenses incurred for implementing your lesson plan proposed in
STEP #1: APPROVAL FORM**

Date Purchased	Purchased Items	Actual Cost (include tax, delivery, other applicable charges)	Vendor Used

Date Lesson Plan was Implemented _____

Signature Verification: By signing below, you are authenticating the accuracy of the
above information.

Mentor Teacher's Signature _____

Student's Signature _____