



## Request for Textbook Reimbursement

**Must attach image/picture of textbook AND receipt/proof of payment**

Student Name \_\_\_\_\_

Name of Central Program \_\_\_\_\_

Semester (Fall or Spring): \_\_\_\_\_ YEAR \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Name of Textbook 1 \_\_\_\_\_ COST \$ \_\_\_\_\_

Name of Textbook 2 \_\_\_\_\_ COST \$ \_\_\_\_\_

Name of Textbook 3 \_\_\_\_\_ COST \$ \_\_\_\_\_

Name of Textbook 4 \_\_\_\_\_ COST \$ \_\_\_\_\_

Name of Textbook 5 \_\_\_\_\_ COST \$ \_\_\_\_\_

Make check payable to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Approved by: \_\_\_\_\_

CAVIAT Superintendent

Date \_\_\_\_\_

**Please submit your completed form to [bneilson@caviat.org](mailto:bneilson@caviat.org)**

For more information contact Dr. Brent Neilson at [bneilson@caviat.org](mailto:bneilson@caviat.org)