



BUNKER HILL COMMUNITY UNIT DISTRICT #8

OFFICE OF THE SUPERINTENDENT
504 East Warren Street, Bunker Hill, IL 62014

<http://www.bhcusd.org>

Todd Dugan
Superintendent

REQUEST FOR REIMBURSEMENT

Date: _____

Parent/Guardian Name: _____

Student Name: _____

Reason for Request: _____

Amount of Request for Reimbursement: \$ _____

Parent or Sponsor Signature: _____

Principal Signature: _____

Superintendent Signature: _____