

CLACKAMAS MIDDLE COLLEGE
Textbook Reimbursement Request

Make check payable to: _____

Address _____

City/State/Zip _____

Phone number _____

Date/Term _____

Student's name _____

Books purchased:

Name of Book	Amount/Author	Date Returned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include original copy of receipt. We cannot reimburse from a copy. This form must be filled out completely and turned in with receipts attached. Mail or bring to: Crystal Eschweiler @ CMC 12021 SE 82nd Avenue, Happy Valley, OR 97086 or Fax to: 503-518-5928 or scan to eschweilerc@nclack.k12.or.us. Please attach a self-addressed envelope.