

MIAMI EAST LOCAL SCHOOL DISTRICT

APPLICATION FOR

Coaches Tool Chest / Pupil Activity Permit

REIMBURSEMENT

I am requesting reimbursement for my Coaches Tool Chest and Pupil Activity Permit cost. I understand that I must complete this form and receive approval from the athletic director prior to reimbursement.

- ☐ 3-Year Pupil Activity Permit (\$45)
- ☐ 4-Year Pupil Activity Permit (\$60)
- ☐ 5-Year Pupil Activity Permit (\$75)
- ☐ Coaches Tool Chest (\$49)

Please attach a copy of your Pupil Activity Permit and Coaches Tool Chest certificate to this form.

Total Reimbursement Requested: \$_____

STAFF MEMBER SIGNATURE

DATE

ATHLETIC DIRECTOR SIGNATURE

DATE

SUPERINTENDENT'S SIGNATURE

DATE

CC: Personnel File
Treasurer

Effective 7/1/2023