



Dual Enrollment  
Textbook Reimbursement

Request/Receipt

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Total Reimbursement \_\_\_\_\_ (Attach receipts to back of form.)

Check should be made payable to: \_\_\_\_\_

I understand and accept the terms of this reimbursement. The books/materials for which this reimbursement is made must be turned in to Legacy Charter High School at the end of the semester. All books/materials must be in good condition. If the books/materials are not in good condition, I accept full financial responsibility for returning the reimbursement I received and will pay Legacy Charter High School for the full cost of the damaged books/materials.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_