



FY 2025 Instructional Materials Reimbursement Paper Form

CEA Units A & B Members Only

Reimbursement of up to **\$450** for out-of-pocket expenses for classroom supplies and other instructional materials. Members on a full year leave of absence (paid or unpaid) are not eligible. Members on a partial leave of absence of 93 or more days or who has a hire date after the 90th day of school may receive a reimbursement of up to \$225. Note that *Certify* submissions will be processed more quickly than those submitted on this paper form – instructions for *Certify* can be found on the [CPS website](#).

- ❖ **Dates of Purchase:** March 1, 2024 through February 28, 2025.
- ❖ **Form Submission Deadline:** February 28, 2025. *Earlier submissions are strongly encouraged and will result in a quicker turnaround of your reimbursement.* Forms received after February 28, 2025 will not be processed.
- ❖ Please submit only one reimbursement request per year.

INSTRUCTIONS:

1. If using this form, you must print, attach receipts, and submit a paper copy.
2. Complete the chart below by listing each individual receipt. For each receipt, list the purchase date, vendor name, and amount. Attach additional sheets if necessary. Please include your name on all sheets.
3. The purchase date must be between March 1, 2024 and February 28, 2025.
4. Please double-check your total calculations!
5. **Original receipts are required.** Please tape your receipts onto 8 1/2 X 11 SHEETS OF PAPER. Please be careful not to cut the date of purchase off the receipt.

Note: Furniture, non-instructional equipment/materials, and professional development expenses are not eligible for reimbursement. Certain technology purchases require pre-approval (see attached memo for details).

Purchase Date	Vendor Name and Purchase Description	Receipt Attached (√)	Amount Of Receipt
TOTAL			

I hereby certify that the above supplies/materials were purchased for instructional purposes in the course of my employment with the Cambridge Public Schools. **Please Type or Print:**

Name: _____ School/Dept: _____
 Title: _____ Date: _____