



## Teaching Artist Reimbursement Form

Please Note: we will make every effort to process reimbursements promptly; please allow 10 days from receipt of request for processing.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ CA ZIP: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

School/Site: \_\_\_\_\_ Site Coordinator: \_\_\_\_\_

- class supplies  
  meeting  
  professional development  
  equipment  
  event  
  other

Date	Description	Amount
<b>Total Reimbursement Due</b>		<b>\$</b>

**Artist Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Please mail, fax or email invoice to:**  
 Tapestry Arts  
 Teresa Chavez Delgado  
 255 North Market Street, # 124  
 San Jose, CA 95110  
  
 Main: 408.494.3590 Fax: 408.294.3479  
 Direct: 408.494.3592  
 teresa@tapestryarts.org