Book Reimbursement Form

Berks County Intermediate Unit
1111 Commons Boulevard
P.O. Box 16050
Reading, PA 19612-6050

Complete & Submit this form via Email to pakeyvoucherprogram@pakeys.org or Fax to 717-213-0585

Student Name & Address	**Institution Name**
	Date

Book Title	Purchased From	Total Cost
	Total	

Special Notes:

1. An invoice or appropriate back-up documentation as proof of payment must accompany this form.

FOR OFFICE USE ONLY:

Account Code

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Authorized By _____ **Date** _____