



*Explorer's  
Bible  
Study*

# Shipping Reimbursement Form

Class Name \_\_\_\_\_

\_\_\_\_\_  
(Place class ID sticker here)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date Material was shipped to Headquarters \_\_\_\_\_

*Mail this form to P.O. Box 425, Dickson, TN 37056. We will send a check for the full amount within 10 days after receiving the request.*

Date \_\_\_\_\_

Class # \_\_\_\_\_

Amount

Box 1 \$ \_\_\_\_\_

Box 2 \$ \_\_\_\_\_

Box 3 \$ \_\_\_\_\_

Box 4 \$ \_\_\_\_\_

Box 5 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Material Was shipped by:

- United Parcel Service
- Parcel Post