REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____ Grade/Role _____

Email _____ Telephone (____)_____

Reimbursement Distribution:

☐ Zelle ☐ Check

Distribution Method (if check)

☐ Mail (home)

☐ School Mail Box

Address (if mailing check)

_____

_____

Expenditure was for:

Provide a summary and the name of the grant or budget you are requesting funds for

_____

_____

_____

_____

_____

_____

List Expenditures:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL EXPENSE $ _____

Signature_____ Date _____

By signing this form, you certify that the purchases or expenses are for the direct benefit of the students of the Language Academy as described above and is not being paid or reimbursed by any other source. Unless the project clearly indicates that materials are meant to be given to students to use and own, materials are the property of the Language Academy.

For Admin

Admin Signature _____ Date_____ Amount $ _____

Admin Signature _____ Date_____ Check Number _____

Date approved in minutes _____ Budget _____