



THE
EDUCATION FOUNDATION
OF THE WEST ADA SCHOOL DISTRICT

**West Ada Education Foundation
Joint School District No. 2**

1303 E Central Drive
Meridian ID 83642
Telephone: 208-350-5039

Reimbursement Request

Please keep a copy of the entire request for your records

A reimbursement request is used by a West Ada School District educator who has been awarded a Teacher Grant Award or been notified by the Foundation they have received a donation and have money in an account with the Foundation. The Fundraiser/Program Director must sign all receipts, vendor invoices or written requests for payment and **attach to the Reimbursement Request**. Reimbursements will be paid until **April 15th of the current school year**. After this date, the remaining funds will be absorbed back into the Foundation. **Reimbursements will NOT be given for purchases made with personal rewards points or gift cards.**

SCHOOL NAME:

Reimbursement is for: (Check one)

Thank A Teacher Teacher Name: _____

Teacher Grant

Fundraiser/Program/Other * * Fundraiser/Program Name: _____

Parent Organization (PTO/PTA)

Payment Method: (Choose one) **Please use a separate form if more than one payment type is needed**

<input type="checkbox"/> Purchase Card Used (Pcard) or <input type="checkbox"/> Purchase Order # Account Code: 01-000-00-000 114351 WELLS FARGO Description Box please use following: Example: EF Smith Pencils **If this form is not returned completed with receipts within 30 days of purchase date, All charges listed will be reclassified to your ASB/District funds.	<input type="checkbox"/> Make Reimbursement Check Payable to:
	NAME: _____
	ADDRESS - CITY, STATE ZIP _____

Purchase Description:

Vendor Name:	Brief Description of Items Purchased:	\$ Amount

TOTAL REIMBURSEMENT _____

Signatures:

***** Reimbursement request will not be processed without site administrator's signature signifying approval of expenditure. *****
A copy of this form along with receipts must be sent by email to westadafoundation@westada.org OR sent intercompany mail to the DSC Attn: Education Foundation of West Ada.

 Print Name of Teacher/Fundraiser/Program Director Signature of Teacher/Fundraiser/Program Director Date

*******Print Name of Site Administrator******* *******Signature of Site Administrator******* Date

Office Use Only:

Record Updated by:	<input type="text"/>	Foundation Executive Director's initials:	<input type="text"/>
Date Processed:	<input type="text"/>		