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

CLEAR FORM

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: STAR MIDDLE - 610

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*

☐ ***Purchase Card Used (Pcard)*** ***or*** ☐ ***Purchase Order #***

Account Code:
42-621-00-310 000410

If this form is not returned completed with receipts by email to westadafoundation@westada.org OR intercompany mail within 30 days of purchase date, All charges listed will be reclassed to your ASB funds and your school will need to reimburse the District Office for these charges.

☐ ***Make Reimursement Check Payable to:***

NAME:

ADDRESS - CITY, STATE ZIP

Purchase Description:

Vendor Name:	Brief Description of Items Purchased:	$ Amount

TOTAL REIMBURSEMENT 0.00

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:

Date Processed:

Foundation Executive Director's initials:

Updated 9/20/2018