

West Ada Education Foundation

1303 E Central Drive Meridian ID 83642 Telephone: 208-855-4500

Reimbursement Request

Email Request & Receipts to: reimbursements@westada.org

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 30th 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 *	* Fundra	aiser/Program Name:	
☐ Parent Organization (PTO/PTA)			
Payment Method: (Choose one) **Ple	ase use a separate fo	orm if more than one payment type is needed**	
Purchase Card Used (Pcard) or Account Code: 100 A 114001 000 000 000	Purchase Order #	Make Reimursement Check Payable to:	
		NAME:	
For P Card purchases please f District Accounting Principles for		ADDRESS - CITY, STATE ZIP	
Purchase Description:			
Vendor Name:	Brie	f Description of Items Purchased:	\$ Amount
		TOTAL REIMBURSEMENT	
Signatures:			
*** Reimbursement request will n		site administrator's signature signifying approval of expert to be sent by email to: reimbursements@westada.org	nditure. ***
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:	
			11 1 1 10005