



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 Grant
☐ Fundraiser/Program/Other *
☐ Parent Organization (PTO/PTA)

Teacher Name: _____

* Fundraiser/Program Name: _____

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: 100 A 114001 000 000 000

For P Card purchases please follow the
District Accounting Principles for your school

☐ 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: reimbursements@westada.org

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: