

**PARENTS:** This form is used for pre-authorized approval of expenses

**This form is due 2 weeks prior to the date of the expenditure.**

After purchases are made, a Request for Reimbursement Form must be submitted with **original** receipts attached.

Expected Date of Expenditure:			
Person Requesting Funds:		Phone:	
Address:		Email:	

Please list below the students for which the expenditures will be made:

STUDENT (One Name Per Line)	ADVISOR'S NAME	AMOUNT	DESCRIPTION OF EXPENDITURES	ADVISOR APPROVAL
		\$		
		\$		
		\$		
		\$		
<b>TOTAL AMOUNT:</b>		\$		

I am requesting to spend and sum of \$ \_\_\_\_\_ for the education of the student(s) listed above.

I understand that the amount requested and the amount approved (budgeted) may differ.

I understand that Connections Homeschool Program will not pay any funds over and above the amount budgeted (see below) for this pre-approved expense.

I understand that if I overspend the pre-approved amount, I am responsible for the amount overspent.

I understand that pre-approved funds will not be reimbursed until after purchases are made and the required reimbursement form with receipt(s) is/are submitted.

I understand that pre-approved expenses for curriculum and materials are subject to the same rules and exclusions for student educational allotment purchases.

I understand that I must submit a detailed Request for Reimbursement Form in order to receive payment for pre-approved funds. Original itemized receipts for all purchases (copies not acceptable) will be required. No reimbursement will be issued for sales tax. Please allow a minimum of 3-4 weeks for reimbursement payment.

I understand that a pre-approval request is **due 2 weeks prior to the date of the expenditure**. If the request is received late, the funds are subject to denial of payment.

No reimbursement will be made for travel expenses.

***This form must be signed by the Principal prior to the date of the expenditure in order to receive reimbursement.***

**I have read and understand the above statement and am requesting pre-approval of funds.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pre-approved expense amount:**

We have budgeted a total amount not to exceed \$ \_\_\_\_\_ for this expense from your student(s) allotment.

Connections Principal \_\_\_\_\_ Date \_\_\_\_\_