

Request for Reimbursement

DATE:	
PAY TO:	
MAILING ADDRESS:	
CITY, STATE, ZIP:	
EMAIL:	
PHONE:	

- Please attach all original itemized receipts (no credit card receipts).
- Please tape small receipts to a full size 8.5"x11" sheet of paper (one side only).
- If the receipt does not list items, identify specific titles on back.
- SALES TAX CANNOT BE REIMBURSED. DO NOT INCLUDE IT IN THE INDIVIDUAL OR TOTAL AMOUNTS.
- Connections will reimburse academic curriculum upon receipt.
- Fine Arts/PE/Tutoring will be paid when services are complete.
- Please allow a minimum of 3 - 4 weeks for payment

STUDENT NAME/OR "ALL" (One Name Per Line)	ADVISOR		AA		CC	AMOUNT	VENDOR	ILP DESCRIPTION OF ITEMS ON RECEIPT
		For Office Use Only		For Office Use Only				
TOTAL AMOUNT:\$							Account Code (Office Use Only) 100-80-4140-0000-4501	

Parent/Guardian's Signature: _____

Connections Approval: _____

FOR OFFICE USE ONLY	
*COURSE CODES FA=Fine Arts IM= Instructional Materials PE= Physical Education	Date: _____ Input Coma: _____ Input Acct: _____