

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
		\$		
		\$		
		\$		
		\$		
TOTAL AMOUNT:		\$		

I am requesting to spend the 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 _____