



## West Ada Education Foundation

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

### Reimbursement Request

Email Request & Receipts to: [reimbursements@westada.org](mailto: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:  
01-000-00-000 114001

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](mailto: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: \_\_\_\_\_