

# AMERICAN HERITAGE SCHOOLS, INC.

Request for Reimbursement - Please attach ALL receipts to form

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

**Receipt #1:**

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Classroom Set Up    | Sub-Total: \$ _____ |
| <input type="checkbox"/> Classroom Supplies  | Sales Tax: \$ _____ |
| <input type="checkbox"/> Field Trip          | TOTAL: \$ _____     |
| <input type="checkbox"/> *Dept. Budget _____ |                     |
| <input type="checkbox"/> Other _____         |                     |

**Receipt #2:**

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Classroom Set Up    | Sub-Total: \$ _____ |
| <input type="checkbox"/> Classroom Supplies  | Sales Tax: \$ _____ |
| <input type="checkbox"/> Field Trip          | TOTAL: \$ _____     |
| <input type="checkbox"/> *Dept. Budget _____ |                     |
| <input type="checkbox"/> Other _____         |                     |

**Receipt #3:**

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Classroom Set Up    | Sub-Total: \$ _____ |
| <input type="checkbox"/> Classroom Supplies  | Sales Tax: \$ _____ |
| <input type="checkbox"/> Field Trip          | TOTAL: \$ _____     |
| <input type="checkbox"/> *Dept. Budget _____ |                     |
| <input type="checkbox"/> Other _____         |                     |

Combined	Sub-Totals	Sales Tax	TOTALS
TOTALS:			

Signature: \_\_\_\_\_

\*Dept. Head Signature: \_\_\_\_\_

**Administrator Approval:** \_\_\_\_\_

Check Disbursement:

- My box  
 Mail to: \_\_\_\_\_

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Combined	Sub-Totals	Sales Tax	TOTALS
TOTALS:			

Signature: \_\_\_\_\_

\*Dept. Head Signature: \_\_\_\_\_

**Administrator Approval:** \_\_\_\_\_

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 Mail to: \_\_\_\_\_