# JOHN ADAMS ACADEMY

## PAYMENT REQUEST FORM

**Part 1 - Payment request type** (please select one):

**(a)** ☐ Check Request **(b)** ☐ Employee Reimbursement **(c)** ☐ Other Reimbursement

**(d)** ☐ Refunds

_____ *(Scholar Name)* _____ *(Scholar Grade)*

_____ *(Original Payment Method - Cash/Check/PushPay)*

**Part 2 - Location** (please submit completed forms with receipts to respective email address provided below):

☐ Roseville *(ros.bustech@johnadamsacademy.org)*

☐ El Dorado Hills *(edh.bustech@johnadamsacademy.org)*

☐ Lincoln *(lin.bustech@johnadamsacademy.org)*

☐ Online Program *(onl.bustech@johnadamsacademy.org)*

☐ Academy Nutrition Services *(payables+johnadamsacademy@edstruments.com)*

☐ Academic Services *(payables+johnadamsacademy@edstruments.com)*

**Part 3 - Payee information:**

**Name:** _____

**Address:** _____

_____

**Part 4 - Payment request details:**

| *Description* | *Amount* |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |

**Total** $

**Requested By:** _____ **Date:** _____

*Accounting Use Only:*

| *Location* | *Account* | *Department* | *Class* | *Resource* | *Project* | *Amount* |
|---|---|---|---|---|---|---|
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