JOHN ADAMS ACADEMY

PAYMENT REQUEST - REIMBURSEMENT 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 $ 0.00

Requested By: _____ **Date:** _____

Approved By: _____ **Date:** _____

Accounting Use Only:

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

Revised 4/16/2026