



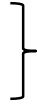
JOHN ADAMS ACADEMY

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:

<u>Description</u>	<u>Amount</u>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Requested By: _____ Date: _____

Total

\$

Approved By: _____ Date: _____

Accounting Use Only:

<u>Location</u>	<u>Account</u>	<u>Department</u>	<u>Class</u>	<u>Resource</u>	<u>Project</u>	<u>Amount</u>