



Check One:  SA – Draper  SA – Independence  SA – Bluffdale  SAHS  LEA

## Request for Reimbursement

Account: \_\_\_\_\_ Program: \_\_\_\_\_

Quantity	Description of Item/Services	Amount
<b>TOTAL REQUEST</b>		

Requested by: \_\_\_\_\_

Address: \_\_\_\_\_

(Non-staff address required)

Admin Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staple all receipts, invoices and documentation to the back of this form, obtain appropriate signatures and submit to Administrator for approval. All receipts, invoices, documentation and appropriate signatures must accompany this form before payment shall be issued.

All property and services paid for by Summit Academy shall be the property of Summit Academy. Property belonging to Summit Academy shall be clearly marked with the name "Summit Academy" and may not leave the premises without prior written permission.

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