Submit completed forms with receipts via email to your Business Tech:

JOHN ADAMS ACADEMY
PSO
Parent Service Organization

El Dorado Hills: edh.bustech@johnadamsacademy.org
Lincoln: lin.bustech@johnadamsacademy.org
Roseville: ros.bustech@johnadamsacademy.org
Online: onl.bustech@johnadamsacademy.org

PAYMENT REQUEST FORM

Payment Request Type ***(please select one):***

☐ Reimbursement *(Receipt Required)*
☐ Purchase Order *(Quote Required)*
☐ Check Request *(Invoice Required)*

Location ***(please select):***

☐ Online Program ☐ Roseville Campus ☐ EDH Campus ☐ Lincoln Campus

Vendor/Payee Name: _____

Mailing Address: _____

_____

Description	Amount

Total $ _____

Requested By: _____ **Date:** _____

(For Accounting use only)

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