



## ELITE ACADEMIC ACADEMY CHARTER SCHOOL PARENT REIMBURSEMENT REQUEST

Parents/Guardians may request reimbursement for enrichment classes taught at the City/County Community Centers and/or the YMCA and more. Parents/Guardians MUST contact their Elite Educator prior to registration in any class to ensure availability of educational funds and academic alignment. Elite Academic Academy reserves the right to refuse any reimbursements.

| For use only by Elite Academic Vendor Department   |  |
|--|--|
| <b>Reimbursement Reference Number</b><br><i>Example: SCH062918a, SCH062918b, FRE052418</i><br><i>Use the following format: First 3 letters of last name, MMDDYY, a-z (if multiple reimbursement forms are submitted for the same date)</i> |  |
| <b>Site Allocation</b> <i>(Write name of Program)</i>  |  |
| <b>Account Code</b> <i>(Please refer to Chart of Account)</i>  |  |

**Description of the Vendor Class:**

**Common Core Standards for the student’s grade level that are covered by this vendor class:**

Parents/Guardians/Elite Educators are responsible for completing and submitting this form ***prior to the first day of the class***. Reimbursements are made after the student has completed the class, upon the student meeting all attendance requirements and availability of student funds. Parents will only be reimbursed for approved enrichment classes that are completed during the current academic school-year. Final reimbursement will be given when this form and an original receipt are submitted to the vendor relations department. [vendors@eliteacademic.com](mailto:vendors@eliteacademic.com) (866) 354-8302 ex 702

|  |   |
|--|---|
| <b>Student Name</b>                    |   |
| <b>Purchase Order Number</b>           |   |
| <b>Enrichment Class Name</b>           |   |
| <b>Date(s) of Class</b>                |   |
| <b>Cost of Class</b>                   |   |
| <b>Payment used</b> (check one)        | Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #: |
| <b>Reimbursement Name:</b>             |   |
| <b>Address</b>                         |   |
| <b>Address</b>                         |   |
| <b>Date</b>                            |   |
| <b>Email Address for E-payment/ACH</b> |   |

|                              |  |
|------------------------------|--|
| <b>Company Name</b>          |  |
| <b>Address</b>               |  |
| <b>Phone Number</b>          |  |
| <b>Website</b>               |  |
| <b>Company Contact Name</b>  |  |
| <b>Company Contact Phone</b> |  |
| <b>Company Contact Email</b> |  |

**👉 Original receipt must be submitted with this form 👈**

I have read the requirements stated above and agree to the conditions as described in the Student Handbook regarding the appropriate use of educational funds.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Elite Educator

\_\_\_\_\_

Date:

\_\_\_\_\_

Director

\_\_\_\_\_

Date: