



THE FOUNDERS ACADEMY

Reimbursement Request

| Employee | Department (Math, Lang. Arts, Science, History, Admin., Arts, Technology, Language) | Date of Request | Date Needed |
|----------|---|-----------------|-------------|
| | | | |

| Quantity | Description (if books please include ISBN #) | Unit Price | Line Total |
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| | | | |
| | | | |
| | | Subtotal | |
| | | Shipping | |
| | | Total | |

Please do not make any purchases until the request has been approved by the Director of Faculty.

Request Approved by Department Chair: _____ Date: _____

Request Approved by Director of Faculty: _____ Date: _____

For School Use ONLY:

Order completed by: _____ Date: _____

Form of payment (reimbursement, credit card, check, etc.) _____