AKTEACH

Request for Reimbursement/Payment

722 Mil Bay Road, Kodiak, AK 99615
Phone: (907) 486 – 7545 / Fax: (907) 486 - 7443

Student Name: _____ Date Submitted: _____

Student Account #: _____ Grade: _____

Payment of charges for items/services listed below are authorized to:

Parent/Vendor: _____ Phone: _____

Mailing Address: _____

_____

LC Account (office use only)	Description of Item or Service	Amount
	Total	

Requested By: _____ Approved By: _____

Parent Signature Homeschool Coordinator Signature

_____

Administrator Signature

NOTE TO PARENTS: Please attach receipts (original preferred) to this form for reimbursement. Please take measures to prevent the loss of smaller receipts and do not use highlighters.