

2025-2026 School Year

Friends of the Language Academy (FOLA)
Reimbursement Request Form

DATE:

SUBMITTED BY:

DESCRIBE PROJECT/ITEM TO BE PURCHASED:

DOLLAR AMOUNT REQUESTED:

WHAT SCHOOL OBJECTIVES DOES THIS ADDRESS? (WHO BENEFITS, HOW, AND FOR HOW LONG?):

IF THERE IS ANYTHING ELSE YOU WOULD LIKE TO ADD, PLEASE FEEL FREE TO SUBMIT ADDITIONAL INFORMATION.

Ink or Electronic Signature*:

Date:

*By signing this form, you certify that the purchases or expenses are for the direct benefit of the students of the Language Academy program as described above and are not being paid or reimbursed by any other source. Unless the project clearly indicates that materials are meant to be given to students to use and own, materials are the property of the Language Academy. **I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.**

Make check payable to:

Name:

Address: (if mailed)

Phone/Cell:

Highlight any that apply:

- Check payable to someone other than the requester.
- Mail Check
- Will pick up check from FOLA box
- Zelle: email/phone number

Depending on the request, additional documentation may be required. Please always submit original receipts with all requests with only items for reimbursement on the receipts. Thank you.

<u>FOLA USE ONLY</u>	
FOLA Board Meeting Date: _____	
Approved _____	Denied _____
Amount Approved _____	
Check # _____	Date _____
Budget Code _____	
Entered in budget _____	
Check Disbursed _____	