

**AMERICAN HERITAGE
SCHOOLS, INC.**

Request for Reimbursement

**Attach all receipts AND signed Purchase Authorization form
to this form and submit to the AHS Business Manager**

Name: _____ Date: _____

Purpose 1: _____	Classification: _____		
Sub-Total: \$ _____	Program: _____		
Sales Tax: \$ _____	Remaining Budget: \$ _____		
TOTAL: \$ _____			
Purpose 2: _____	Classification: _____		
Sub-Total: \$ _____	Program: _____		
Sales Tax: \$ _____	Remaining Budget: \$ _____		
TOTAL: \$ _____			
Purpose 3: _____	Classification: _____		
Sub-Total: \$ _____	Program: _____		
Sales Tax: \$ _____	Remaining Budget: \$ _____		
TOTAL: \$ _____			

Sub-Totals	Sales Tax	TOTALS

**Combined
TOTALS:**

Signature: _____

Assistant Principal Approval: _____

Check Disbursement:

- My box
- PTO box
- Will Pick Up
- Mail to: _____

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