

ASCS Home School Association
Expense Reimbursement Form

Date: _____

Event: _____

Please check one:

Advance: _____ Expense Reimbursement: _____ (see note 2) Vendor Payment: _____

A check in the amount of \$ _____,

made payable to _____

for (purpose) _____

is needed for the above event by (date) _____ .

**Please send check home with (child's name) _____ in
(teacher's name) _____ class.**

OR

I will pick up the check in the office (please check here) _____ .

Signed: _____

Print name: _____ Phone: _____

Notes:

1. Please allow several days for check processing.
2. For expense reimbursements, please attach the expense reimbursement list and all receipts.

Thanks very much,

Home School Association