REIMBURSEMENT RECEIPT
2007-2008

STUDENT INFORMATION

Student Name: _____

Class Name: _____

Dates of Class: Start ___/___/___ End___/ ___/___

Date Paid in Full: ____/____/____

Amount Paid: $_____ Receipt #: _____

Form of Payment: (circle one) (1) Cash (2) Credit Card (3) Check #: _____

ORGANIZATION DETAILS

Organization Name: _____

Street Address: _____

City _____, CA Zip _____

Phone Number: (____)_____ FAX: (____)_____

VERIFICATION OF PAYMENT (organization employee)

Name: _____

Position/Job Title: _____

Signature: _____

IMPORTANT: PLEASE READ AND SIGN

- Reimbursements can only be made for the following providers: YMCA; City/County Public Community Center/Dept. of Recreation; AYSO; Little League; San Diego City Museums; Zoo/Wild Animal Park; San Diego Junior Theater; Joan Kroc Center and Community Colleges (tuition only)
- Parent is responsible for completing this form and taking it to the Organization to have signed and returned to GSDA with an original receipt attached.
- Reimbursement will only be made after the student has completed the class named above **and** upon fulfillment of the following conditions:
  - a student has a signed Elective Agreement form on file with GSDA (so that elective funds can be reserved in advance of class start date).
  - an employee of the organization named above signs this form.
  - Student is currently enrolled with GSDA, meets all attendance requirements, and has sufficient elective funds available for use within the current school year.
- All Reimbursement Receipts must be received by June 16, 2008 in order for GSDA to make reimbursement payment.

PARENT/GUARDIAN SIGNATURE AND DATE:
I have read the terms stated above and agree to the conditions set forth in the Credit System for Elective Courses.

_____
Signature Date

Please send reimbursement check to:

Name _____

Address _____

_____

Greater San Diego Academy Home School
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