



Our Mission

The mission and vision of the Guajome Park Academy Foundation is to provide resources, professional expertise, and financial contributions to support Guajome Park Academy's mission to inspire and mentor all learners to become responsible, critical-thinking, global leaders through excellence and innovation in education.

Foundation Request for Reimbursement Form

Approval Process:

- This form must be reviewed and signed by an Authorized Program Representative when requesting a reimbursement. Authorized Program Representatives include:
 - Benevolence Fund - Carol Blackburn
 - Friends of Frogs - Berenice Resendiz
 - Friends of Tadpoles - Mary Dhillon
 - Friends of the Arts - Jolene Riley
 - Friends of the Library - Lucy Davis
- Completed/signed Foundation Request for Reimbursement Forms must be **turned in by 3:00 PM on the 15th of each month (or the preceding school day)** to be included in the upcoming Foundation Board meeting and presented to the Board for review/approval.
- Turn in completed forms and attachments to Foundation Secretary & Treasurer, Adrina Itzaina, in person or via email (Itzainaad@guajome.net)
- Foundation Secretary & Treasurer Adrina Itzaina will process approved reimbursements on Fridays, following reimbursement approval.

Mandatory Attachments:

- Program minutes approving the reimbursement and/or email stream from the Authorized Program Representative approving reimbursement. Exact amount and product(s) approved for purchase must be listed in minutes and/or email.
- Completed and signed Expenditure Request Form approving the expenditure
- Receipts (with vendor name, address, and total price which includes tax, shipping, and any additional fees). **Receipts MUST be dated within 30-days of Request for Reimbursement Form submission.**

Please check which Program the funds are being requested from:

- Foundation Board of Directors: _____ Benevolence Fund Staff Support Fund
- Friends of Frogs Friends of Tadpoles Friends of the Arts Friends of the Library
- Grad Bash Fund Laptop Scholarship Fund Science Camp Fund Senior Scholarship Fund

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LIST OF ITEMS (MUST MATCH RECEIPT).	COST
TAX (IF APPLICABLE)	
SHIPPING (IF APPLICABLE)	
	TOTAL

By signing below, I certify that I have completed this Reimbursement Request Form accurately and attached all required supporting documents. I confirm that the expenditure was previously approved, and I only purchased items as specified in the approval. Additionally, I verify that all items were used exclusively for the purpose specified in the approved Expenditure Request.

Printed Name of Requestor: _____

Signature of Requestor: _____ **Date:** _____

Address (for mailing of check, if applicable): _____

Name of Authorized Program Representative Approving the Expenditure Request:

Signature of Authorized Program Representative Approving the Expenditure Request:

_____ **Date:** _____

For Foundation Board of Directors Use Only

Date Received from Applicant: / /

Approved on / / Not Approved & Reasoning: _____

Foundation Designee Signature: _____ Date: _____