ACES XAVIER EDUCATIONAL SYSTEM, INC.
REIMBURSEMENT FORM

To be completed by the individual seeking reimbursement:

Name & Address of Individual Seeking Reimbursement _____

Are you an employee (circle)? Yes No If "No", please enter Social Security number _____

Date of purchase _____ Amount Requested $_____

1) Reason for purchase (*this can be skipped if a PO was completed prior to the purchase*)

_____

_____

2) Reason for reimbursement vs. the use of a PO for direct billing (*this can be skipped if a PO was completed prior to the purchase*)

_____

_____

Signature _____ Please check one: ___ Mail Check
Date _____ ___ Return Check to Campus

Please tape loose receipts to 8x11 pages and attach to this form. Submit this form to the campus secretary for processing.

To be completed by the campus:

Campus: __ St. Bernadette __ Catholic Central __ Central Office
__ St. Pius X __ St. Thomas More
__ St. Joseph __ Xavier

If a PO was completed prior to this purchase, please attach the pink copy to this form and forward to Business Services for processing. It's fine if the vendor on the PO is not the individual being reimbursed.

OR

If no PO was completed, please verify that items 1 & 2 above are acceptable and complete the following. Then forward to Business Services for processing.

Authorization of Principal _____
Amount Approved for Reimbursement $_____
Account Number _____

Form date: October 16, 2006