

SATURDAY ACADEMY Faculty Reimbursement Request

USE ONE FORM PER CLASS
Reimbursement Requests for multiple classes will be returned for you to update and resubmit for processing.

Please submit all requests no later than 2 weeks after your class ends. **Requests older than 30 days after your class ends will not be processed.**

Date: _____

Name: _____

Class Name: _____

Address: _____
Street Address

City, State, Zip

Please refer to the Instructor Handbook for further guidance on reimbursements.

Phone: _____

Original receipts must accompany this reimbursement request.

Mail your form to: Saturday Academy Operations
University of Portland
5000 N Willamette Boulevard
Portland, OR 97203

Or email form/receipts to:
Chief Operating Officer
lisa@saturdayacademy.org

[Saturday Academy Staff Use] [Instructors: Complete Below]

Dept.	GL #	Grant	Consumable?	Expense Description	Receipt Amt.
					\$
				Total \$	\$

Saturday Academy Use Only

Approved _____ Date _____
Supervisor

Approved _____ Date _____
Executive Director

100 - Administration 300 - Classes 700 - ASE 900 - Special Projects
200 - Development 310 - LE/AP 800 - TBD