# 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: _____

Address: _____
*Street Address*

Class Name: _____

_____
*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:
Rachael Pecore-Valdez
rachael@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 | |