



P.A.I.D.E.I.A. COOPERATIVE SCHOOL

616 W 10TH Avenue

Anchorage, AK 99501

907-742-4161 Fax: 907-742-4165

Parent Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

REIMBURSEMENT REQUEST FORM

1. Staple original receipts to the back of this form. 2. Circle items on each receipt that are to be reimbursed. 3. Complete boxes below for each receipt.

Student Name	Course	Vendor	Item	Cost

Parent
Signature: _____

Date: _____

PAIDEIA
Signature: _____

Printed Name: _____

Approve: _____ Denied: _____