



OFFICE USE ONLY			
Processed by _____	School _____		
Administrator _____	CFO _____		
Accounting _____	Pd Date ____/____/____		
Check# _____	Bdgt Code _____		
Fall _____	Winter _____	Spring _____	

Circle the method of payment: Sponsored Account or Student Paid

If you paid for the books, please list to whom the reimbursement check should go: _____

Student's Name: _____

Address: _____

Phone Number: _____

College _____ Term _____ AllPrep Counselor _____ Date _____

Books purchased: One form for each student please.

Name of Book	Name of Course	Author or ISBN	Amount paid

OFFICE USE ONLY:			
Fall	Winter	Spring	Total

Balance _____

Please include original receipts. No copies or handwritten receipts will be accepted. Forms must be submitted within 3 weeks that start on the first day of each new term. Your reimbursement will be mailed at the start of the following term.

Mail to: AllPrep Academies & Early Colleges at 8800 Sunnyside Road Suite 300N Clackamas, OR 97015
 Attn: Trina Crader
 Any questions on book reimbursements, contact: Trina Crader at tcrader@allprep.us