



**FLORIDA EMPOWERMENT SCHOLARSHIP
FOR STUDENTS WITH UNIQUE ABILITIES (“FES-UA”)
PARENT/GUARDIAN EXPENSE REIMBURSEMENT FORM**

(Payments are made only by ACH – Bank Name, Routing number and Account number are required)

Complete this form and return it to AAA to request reimbursement for a purchase you made from a provider or vendor for eligible* items or services. A copy of the paid receipt listing the items and/or services purchased must be included with this request.

Purchase of eligible* instructional materials, including digital devices, digital periphery devices and assistive technology as well as eligible* curriculum requires pre-approval by AAA. A copy of the APPROVED Pre-Authorization form must be included with this form when requesting payment for those items or services.

*For a list of eligible schools, go to the FL DOE website here: <http://www.floridaschoolchoice.org/information/privateschooldirectory/>
Please refer to the AAA FES-UA Handbook for information about other eligible items and services: <https://www.aascholarships.org/parents/florida/>

Date:	Total Amount: \$
Parent/Guardian Name:	
Mailing Address:	
Bank Name:	
Bank Account Number:	Bank Routing Number:
Is this bank account different than the last one provided to us? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
List items/services Purchased (paid receipts MUST be attached to this form when it is submitted):	
Describe Educational Purpose:	
Name of Eligible Student Benefiting:	

I confirm that this purchase abides by the affirmations agreed to by me on the Sworn Compliance Statement when applying for the FES-UA and by the AAA Scholarship policies and procedures as stated in the FES-UA Handbook and understand that failure to comply could result in loss of the FES-UA and/or require the return of FES-UA funding to AAA Scholarship Foundation.

Parent/Guardian(s) Signature: _____

******PROOF OF PAYMENT RECEIPTS MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR REIMBURSEMENT******

FOR ACCOUNTING USE ONLY

APPROVED BY: _____ DATE: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED INTO PAYMENT SYSTEM BY/DATE: _____

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