

Month _____

ACE SIF Receipt for _____ (student name)

For classes: Teacher/Coach's Complete Name (please print): _____

For classes: Teacher/Coach Phone Number or email: _____

Date of Class or Purchase	Description of Class or Purchase	Amount
Total Paid for This Month's Classes or Purchases		

Date of Payment: _____

Payment method (check one):

- Cash
- Credit Card
- Check No. _____
- Other _____

Email Completed Form to Mrs.Sahnov@AceClassicalEd.org

**** Reimbursements Paid Monthly by Direct Deposit When Receipt Form Is**

Complete & Submitted by 10th of month **