



Pre-Authorization for PLSA Purchase of Item and/or Curriculum

(If approved, this document MUST be included with Payment Request Form (either Direct Payment or Parent Reimbursement))

Complete this form and return it to AAA BEFORE purchasing eligible* instructional materials, including digital devices, digital periphery devices and assistive technology as well as eligible* curriculum which is defined as a complete course of study for a particular content area or grade level, including any required supplemental materials.

Once processed, AAA will return a copy of the form to you indicating whether the purchase was approved or denied. If approved, include a copy of the approved form with your request for reimbursement or direct payment to service provider form. If denied, you will NOT be able to make your purchase with PLSA funds.

*For the list of eligible schools, programs, services and products go to <http://www.floridaschoolchoice.org/Information/plsa/>

Date: _____

Amount: \$ _____

Name or Service Provider/Vendor: _____

Describe Item/Service to be Purchased: _____

Describe Educational Purpose: _____

Curriculum Level: _____

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 PLSA and by the AAA Scholarship policies and procedures as stated in the PLSA Handbook and understand that failure to comply will result in loss of the PLSA and/or require the return of PLSA funding to AAA Scholarship Foundation.

Parent/Guardian(s)
Signature: _____

*****A COPY OF THIS FORM INDICATING THAT THE PURCHASE WAS PRE-APPROVED MUST BE INCLUDED WITH THE REQUEST FOR REIMBURSEMENT OR DIRECT PAYMENT FORM*****

FOR AAA ACCOUNTING USE ONLY

APPROVED DENIED BY: _____ DATE: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED INTO DATABASE BY/DATE: _____

DATE COPY RETURNED TO PARENT/GUARDIAN:: _____



DIRECT PAYMENT TO SERVICE PROVIDER/VENDOR FORM

(Payments are made only by ACH. Provider's Bank, Routing number and Account number are required.)

Complete this form and return it to AAA to request direct payment to a provider or vendor for eligible* items or services. A copy of the invoice listing the items and/or services being 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 the list of eligible schools, programs, services and products go to <http://www.floridaschoolchoice.org/Information/plsa/>

Date: _____

Amount: \$ _____

Service Provider Name: _____
(payment made only by ACH)

Mailing Address: _____

Bank Name: _____

Bank Account Number _____

Bank Routing Number: _____

Eligible Services Provided or Items Purchased: _____

Describe Educational Purpose: _____

Name of Eligible Student Benefitting: _____

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

Parent/Guardian(s) Signature: _____

*****COPY OF INVOICE MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR PAYMENT*****

FOR ACCOUNTING USE ONLY

APPROVED BY: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED DATABASE BY/DATE: _____

ENTERED INTO PAYMENT SYSTEM BY/DATE: _____



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 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 the list of eligible schools, programs, services and products go to <http://www.floridaschoolchoice.org/Information/plsa/>

Date: _____

Total Amount Requested: \$ _____

Parent/Guardian Name (payment made only by ACH): _____

Mailing Address: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

List items/services purchased (receipts MUST be attached):

Describe Educational Purpose: _____

Name of Eligible Student Benefitting: _____

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

Parent/Guardian(s) Signature: _____

******RECEIPTS MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR REIMBURSEMENT******

FOR ACCOUNTING USE ONLY

APPROVED BY: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED DATABASE BY/DATE: _____

ENTERED INTO PAYMENT SYSTEM BY/DATE: _____