



United Indians of All Tribes Foundation Family Services Child & Youth Reimbursement Request

Please Print:

Parent/Guardian Name: _____
First Last

Address: _____
City State Zip

Phone Number: _____ **Email:** _____

Please Print:

Student's Name: _____
First Middle Last

Student Tribal Affiliation: _____ **Birth date:** _____
 (Not Required)

School Attending: _____

Student's Grade: _____ **Age:** _____

Please list and total attached receipts below.

Original receipts **MUST** be included, and show date and amount of transaction with descriptions of item purchased. Receipts must be dated no earlier than 45 days before date of request.

Description (Please provide vendor name of each receipt.)	Amount
Total of attached receipts:	0

Parent/Guardian Signature: _____
Date

UIATF Manager Signature: _____
Date

EXPENSE #	DEPT #
60308	

Finance Office Authorization **Date**