



EMPOWERMENT SCHOLARSHIP ACCOUNT
2019-2020 EXPENSE REPORT
PRIVATE SCHOOL EXPENSES ONLY
**This document can only be used for Quarter 1 of the 19/20 School Year.

Applicant/Legal Guardian and Student Details (print in blue or black ink):

Quarter: 1

Student First Legal Name	Student Legal Last Name
Applicant/Legal Guardian First Name	Applicant/Legal Guardian Last Name

Expenses (If not Applicable, Leave Blank)

1) Private School Expenses

A) Tuition

School Name: _____ Tuition Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semester ☐ Quarterly ☐ Annual

B) Fees

Fee Type 1: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee
☐ Activity Fee ☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee
☐ Other (Specify): _____

Amount Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Fee Type 2: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee
☐ Other (Specify): _____

Amount Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Fee Type 3: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee
☐ Other (Specify): _____

Amount Paid: \$ _____ Payment Date: _____

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square



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C) Textbooks - Required By Private School

Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$

B) Uniform (Required By and Purchased Through School)

Total Payment Amount: \$ _____

EXPENDITURE – ATTESTATION FORM

Pursuant to Arizona Revised Statutes § 15-2402 & 15-2403, as the ESA contract holder, I certify that:

- 1) All funds have been spent for the lawful benefit of the qualified student as authorized in Section 3 of the Empowerment Scholarship Agreement.
- 2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:
 - a. Suspend an ESA account or remove a parent for misspending;
 - b. Require repayment of misspent funds before releasing additional monies;
 - c. Refer gross misspending for further investigation to the Attorney Generals' Office that may result in a civil judgment or criminal indictment.
- 3) I understand it is a violation of ESA policy to retain the services of a family member or ESA card holder as a therapist, tutor or aide.

ESA Application #:

Parent Name (Print)	Signature	Date
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Please be aware that submission is not considered complete without all supporting documentation (receipts, invoices, credentials, etc.)

Send completed Expense Report and required documents to:



Mail

Arizona Department of Education
Attn: ESA
1535 W. Jefferson Street Bin #41
Phoenix, Arizona 85007



Email:

esa@azed.gov