

## EMPOWERMENT SCHOLARSHIP ACCOUNT 2019-2020 EXPENSE REPORT PRIVATE SCHOOL EXPENSES ONLY

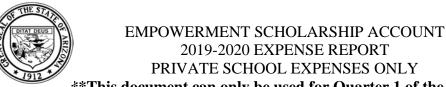
\*\*This document can only be used for Quarter 1 of the 19/20 School Year.

Student First Legal Name	Student Legal Last Name	
Applicant/Legal Guardian First Name	Applicant/Legal Guardian Last Name	
enses (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 Frequenc ☐ Weekly	☐ Bi-Weekly ☐ Monthly ☐ Semester ☐ Quarterly ☐ Annual	
B) Fees		
	fee	
Amount Paid: \$	Payment Date:	
•	☐ Point of Sale ☐ Web Based/Phone ☐ Square	
	e □ Facility fee □ Lab fee □ Credit Card Processing fee	
☐ Application fee	☐ Book fee ☐ Tutoring fee ☐ Enrollment fee ☐ Other (Specify):	
Amount Paid: \$	Payment Date:	
	☐ Point of Sale ☐ Web Based/Phone ☐ Square	
	e □ Facility fee □ Lab fee □ Credit Card Processing fee	
☐ Application fee	☐ Book fee ☐ Tutoring fee ☐ Enrollment fee	
	☐ Other (Specify):	

☐ Point of Sale ☐ Web Based/Phone

Payment Method: ☐ PayPal

☐ Square



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C) Te	extbooks - Required By Private School			
	Textbook:	Amount Paid: \$		
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	Textbook:	Amount Paid: \$		
	Textbook:	Amount Paid: \$		
	Textbook:	Amount Paid: \$		
B) Ur	niform (Required By and Purchased Through S  Total Payment Amount: \$	chool)		
EXPENDITU	RE – ATTESTATION FORM			
Pursuant to	Arizona Revised Statutes § 15-2402 & 15-2403	, as the ESA contract holder, I certify that:		
-	funds have been spent for the lawful benefit of powerment Scholarship Agreement.	the qualified student as authorized in Section 3 of the		
2) I un	2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:			
a. S	Suspend an ESA account or remove a parent fo	r misspending;		
b. F	b. Require repayment of misspent funds before releasing additional monies;			
	Refer gross misspending for further investigation	on to the Attorney Generals' Office that may result in a civil		

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 ( <i>Print</i> )	Signature	Date

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:



Email:

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

esa@azed.gov