



**EXPENSE REIMBURSEMENT FORM  
ACES**

**PAYABLE TO -**

Student First and Last Name:

School Name:

Mailing Address:

Phone Number:

Email Address:

Travel expenses or luggage fees will be reimbursed.

Please list each expense on a separate line and provide a copy of your receipts with the completed form.

DATE OF EXPENSE	EXPENSE TYPE	EXPENSE AMOUNT
	<b>GRAND TOTAL</b>	

Please direct questions and email forms (with receipts) to  
Learnard Dickerson, [learnard@dacollc.com](mailto:learnard@dacollc.com).