



Galileo Academy of Science and Technology

1150 Francisco Street, San Francisco, CA 94109 (415) 749-3430

Galileo Academy Reimbursement Form

YOUR Name: _____

Vendor: _____

Amount: _____

Receipt dated: _____

Purpose: _____

Department Head Signature: _____

Vendor	Item Description	Quantity	Unit Cost	Total Cost

TAX: _____
TOTAL: _____

Send Check: Galileo Academy
c/o
1150 Francisco Street
San Francisco, CA 94109