



PARENT REQUEST FOR PAYMENT OR REIMBURSEMENT THROUGH PTA

REIMBURSEMENT REQUEST PROCESS:

1. Complete the information below, including signature
2. Place completed form along with original invoices or receipts in the Treasurer's Box (located in the school office)

NOTES:

- Completed requests placed in the Treasurer's Box on or before the 1ST of the month will be available for collection from the "check collection" folder on the 15TH of the month.
- Completed requests placed in the Treasurer's Box on or before the 15TH of the month will be available for collection from the "check collection" folder on the 1ST of the next month.
- All requests must be accompanied by original invoices or receipts and approved by the PTA Treasurer. Please make sure that all requests are within budget. Feel free to check with the Treasurer for an updated balance on any budget / sub category. If your requests exceeds the approved budget or is not budgeted, approval from the Association / President is required. Please contact the treasurer at mayee08@yahoo.com if you have any questions.

Today's Date:	Signature:
Person Submitting Request:	Check Payable To:
Contact Number:	email:
Address:	

All expenses must be submitted for reimbursement no later than two (2) weeks after the event they relate to.

Description of Expense	Amount	Event Name / Description

TOTAL AMOUNT REQUESTED \$ _____

* If expense exceeds \$500.00, please provide a brief summary of the purpose for the expense (in space below) ...

Budget Expense Category - please specify

<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Restricted Funds
<input type="checkbox"/> Council	<input type="checkbox"/> Hospitality	<input type="checkbox"/> School
<input type="checkbox"/> Enrichment	<input type="checkbox"/> Program	
Unallocated Reserves (date approved _____)		Emergency Reserves (date approved _____)

Budget Expense Sub-Category:

Please refer to the copy of the budget in the PTA website or ask your Chairperson

Chairperson Authorization (Initial)

APPROVED BY:

PCY PTA Treasurer (required):	PCY PTA President (required):
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<i>Melissa Yee-Fraud</i>	<i>Amber Franklin</i>
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Date Paid:
Check #:
Category:
Date Cleared: