

**PCY STAFF REQUEST FOR PAYMENT  
OR REIMBURSEMENT THROUGH PCY  
PTA**



**PARADISE CANYON ELEMENTARY  
PTA**

471 Knight Way  
La Canada, CA 91011  
818.952.8340 (office)  
818.952.8337 (fax)  
818.949.4881 (absence hotline)

Today's Date: \_\_\_\_\_ Total Amount Requested\*: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

**ENRICHMENT CATEGORY**

- |                              |                              |                          |
|------------------------------|------------------------------|--------------------------|
| _____ Art                    | _____ Computer Lab           | _____ Reading Enrichment |
| _____ Assemblies             | _____ Drama                  | _____ RSP                |
| _____ Character Curriculum   | _____ Extra Duty / Extra Pay | _____ Science Materials  |
| _____ Classroom / Teacher    | _____ Field Trip Grants      | _____ Staff Development  |
| _____ Classroom / Equipment  | _____ Library                | _____ Supplies (Office)  |
| _____ Classroom / Playground | _____ Library (Acc. Reader)  | _____ Technology         |
| _____ Supplies               | _____ Music                  |                          |

**RESTRICTED FUNDS:**

- \_\_\_\_\_ Library  
\_\_\_\_\_ Library (Acc. Reader)

**PROGRAM FUNDS:**

- \_\_\_\_\_ Chorus

**OTHER:**

\_\_\_\_\_

Who should the check be made out to?

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Check Delivery Instruction: \_\_\_\_\_ Mail \_\_\_\_\_ Other: \_\_\_\_\_

**EXPENSES WILL BE REIMBURSED WITHIN TWO (2) WEEKS. PLEASE ATTACH INVOICES OR RECEIPTS.**

Please note ... all expenses must be accompanied by original invoices or receipts and approved by Dr. Cradduck.  
Please contact the PTA Treasurer (Melissa Yee-Fraud) if you have any questions.  
PTA has final approval on all reimbursements.

**APPROVED BY:**

PCY Principal - Dr. Debra Cradduck (required): \_\_\_\_\_

PCY Coordinator (if needed): \_\_\_\_\_

PCY PTA Treasurer - Melissa Yee-Fraud (required): \_\_\_\_\_

PCY PTA President - Amber Franklin (if needed): \_\_\_\_\_

\* If expense exceeds \$500, please provide a brief summary of purpose of expense below.