

STAFF REQUEST FOR PAYMENT OR REIMBURSEMENT THROUGH PTA



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. Craddock. Please contact the PTA Treasurer at treasurer@pcypta.org if you have any questions. PTA has final approval on all reimbursements.

APPROVED BY:

PCY Principal - Dr. Debra Craddock (required): _____

PCY PTA Treasurer - Mikki Weightman (required): _____

PCY PTA President – Valerie Talbert (required): _____

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