STAFF REQUEST FOR PAYMENT OR REIMBURSEMENT THROUGH 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 Reques	sted*:
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:	PROGRAM FUNDS:	OTHER:
Library	Chorus	
Library (Acc. Reader)		
Check Delivery Instruction:	Mail	Other:
EXPENSES WILL BE REIMBURSED WIT	HIN TWO (2) WEEKS. PLEASE ATT	ACH INVOICES OR RECEIPTS.
Please note all expenses must be ac Please contact the PTA Treasurer at <u>tr</u> PTA has final approval on all reimburse	reasurer@pcypta.org if you have ar	receipts and approved by Principal Hetzel. ny questions.
Current Teacher Budget: \$		
APPROVED BY:		
PCY Principal – Ms. Carrie Hetzel (requ	uired):	
PCY PTA Treasurer - Jeannie Chang (re	equired):	
PCY PTA Recording Sec. – Mikki Weigh	htman (required):	
PCY PTA President – Valerie Talbert (required):		
* If expense exceeds \$500, please pro	_ vide a brief summary of purpose o	f expense below.