



**VENDOR EXPENSE REQUEST OR  
REIMBURSEMENT THROUGH 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)

**EXPENSE 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 1<sup>ST</sup> of the month will be available for collection from the "check collection" folder on the 15<sup>TH</sup> of the month.
- Completed requests placed in the Treasurer's Box on or before the 15<sup>TH</sup> of the month will be available for collection from the "check collection" folder on the 1<sup>ST</sup> 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 [treasurer@pcypta.org](mailto:treasurer@pcypta.org) if you have any questions.

**Today's Date:** \_\_\_\_\_ **Treasurer Signature:** \_\_\_\_\_

**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.

Vendor Name	Amount	Description of Expense

**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**

Administrative                       Fundraising                       Restricted Funds  
 Council                                       Hospitality                       School  
 Enrichment                                 Program                               LCUSD District Gift  
 Unallocated Reserves (date approved \_\_\_\_\_)      Emergency Reserves (date approved \_\_\_\_\_)

**APPROVED BY:**

PCY PTATreasurer (required): \_\_\_\_\_ PCYPTA President (required): \_\_\_\_\_ Recording Secretary (required): \_\_\_\_\_

*Jeannie Chang*

*Valerie Talbert*

*Mikki Weightman*