

TERRA LINDA PTC REQUEST FOR REIMBURSEMENT

Please check one:

PTC volunteer: All reimbursement requests from non-staff members

Staff member: These funds are intended for educational supplies and experiences that supplement the school's curriculum. For example, you may use the funds for guest speakers, authors, musicians or field trips and any supplies needed in the classroom. ANY **SINGLE** ITEM/EXPENSE THAT IS OVER \$100 REQUIRES PRINCIPAL'S SIGNATURE OF APPROVAL ON BOTTOM OF FORM.

To receive your funds, complete this form and attach your receipts, invoice or paperwork regarding your purchase(s). Place everything in the PTC treasure mailbox. Following standard form processing timelines, a check will be written and either placed in your mail box or mailed to an attached address.

TODAY'S DATE _____

REQUESTOR NAME(S) _____ GRADE (IF STAFF MEMBER) _____

PAID TO THE ORDER OF (EXACTLY AS WILL APEAR ON CHECK) _____

TOTAL REQUESTED \$ _____ PTC BUDGET CATEGORY _____

ITEMS PURCHASED (Summery of items per receipt is OK) COST

Receipt 1 _____ \$ _____

Receipt 2 _____ \$ _____

Receipt 3 _____ \$ _____

Receipt 4 _____ \$ _____

Receipt 5 _____ \$ _____

STAFF USE ONLY, IF ANY SINGLE ITEM IS OVER \$100

PRINCIPAL SIGNATURE OF APPROVAL _____

____ PLACE CHECK IN MAILBOX: Staff member and student name if check is to be sent home with student.

Staff Name: _____ Name of student: _____

____ PLEASE MAIL MY CHECK TO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

For PTC use:

Approved by: _____ Date: _____

Date Paid: _____ Check Number: _____