BANCROFT PARENT FACULTY CLUB

Check Request
Reimbursement Form

$_____
Total Amount

To: PFC Treasurer
(place in Treasurer's Envelope in School office, or email to Treasurer@bancroftpfc.org)

Date: _____

From: _____ **Phone:** _____

REQUIRED Name of Budget Line/Event: _____
(Please submit one form for each budget line – multiple lines submitted on one reimbursement form will be returned)

DESCRIPTION	AMOUNT
TOTAL:	

PLEASE TAPE RECEIPTS TO BACK AND CIRCLE TOTALS TO BE PAID. ATTACH ADDITIONAL RECEIPTS TO A 8.5 X 11 PIECE OF PAPER IF NECESSARY AND ATTATCH TO FORM. NO STAPLES, PLEASE!

Make check payable to: _____

Address: _____
Required if you want the check mailed
_____
_____

For Staff Only

Room #: _____

Grade/ Program: _____

Submitted by: _____
(Signature)

Approved by: _____
(Chairperson's Signature)