



## PFA TEACHER REIMBURSEMENT/ CHECK REQUEST

Teacher: \_\_\_\_\_ email: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**PFA will reimburse up to your 2017-18 allocated amounts only. Please describe each expense. Attach original receipts or bills. Use additional forms as necessary. Checks will be held in office, not mailed. Checks requests can take up to two weeks to process. Please plan accordingly.**

ELECTRONIC PURCHASES NEED PRIOR APPROVAL

<u>EXPENSE</u>	<u>AMOUNT</u>
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1. _____	_____
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2. _____	_____
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3. _____	_____
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4. _____	_____
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5. _____	_____
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6. _____	_____
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7. _____	_____
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8. _____	_____
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TOTAL: \_\_\_\_\_

Principal and/or office manager must review and approve by signing off below:

Principal: \_\_\_\_\_ Office: \_\_\_\_\_