



Acalanes Parents Club

Member Check/Reimbursement Request 2019-2020

Please fill out all items and attach all receipts to this form.

This Form Is Mandatory to Receive Reimbursement

| |
|------------------------------|
| Date Of Request |
| Name For Check |
| Address to Send Check |
| |

| Item | Purpose and Original Vendor Name | Amount |
|------|----------------------------------|--------|
| 1- | | |
| 2- | | |
| 3- | | |
| 4- | | |
| 5- | | |
| 6- | | |

| |
|---|
| T O T A L Reimbursement Requested \$ |
|---|

The expense relates to the following budgeted item:

| | | |
|--|--|---|
| Website/News <input type="checkbox"/> | Staff Appreciation <input type="checkbox"/> | Parent Education <input type="checkbox"/> |
| APC Events/Mtgs & Hospitality <input type="checkbox"/> | Campus Enhancements <input type="checkbox"/> | Dons Day <input type="checkbox"/> |
| Summer Mailer <input type="checkbox"/> | Community Wall <input type="checkbox"/> | Grants <input type="checkbox"/> |
| Directory/Handbook <input type="checkbox"/> | Other (describe) <input type="checkbox"/> | Marketing Materials <input type="checkbox"/> |
| Awards Events <input type="checkbox"/> | Senior Symposium <input type="checkbox"/> | APC Wellness Program <input type="checkbox"/> |

VP Approval: Name: _____ Signature: _____

Questions, Please contact Parents Club Treasurer:

Julie Koo • Treasurer@AcalanesParentsClub.com • (925)212-7589 •

For Treasurer's Use Only:

| Date Processed | Check # | Check Amount |
|----------------|---------|--------------|
| | | |