**Acalanes Parents Club**

**Check Request/Reimbursement Form – 2019-20 Grad Night**

**Please fill out all items and attach all receipts/invoices 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 -** |  |  | |
| **T O T A L Reimbursement Requested** | |  | |
|  | | | |

**The expense relates to Grad Night 2020.**

Required Forms Previously Submitted/Attached for this vendor (**Circle One for each Required Form**):

W9: Previously Submitted to Treasurer / Attached

Contract Signed by APC and Vendor Rep.: Previously Submitted to Treasurer / Attached

Vendor Liability Insurance Naming APC: Previously Submitted to Treasurer / Attached

**\*\*For all requested payments to vendors, please attach an invoice. If payment is based on a stated payment plan in the contract, please attach a copy of the contract page, even if a contract has been submitted previously.**

**Head Liaison/President Approval: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questions, Please contact Parents Club Treasurer: Julie Koo • Treasurer@AcalanesParentsClub.com**

**For Treasurer’s Use Only:**

|  |  |  |
| --- | --- | --- |
| **Date processed** | **check #** | **check amount:** |
|  |  |  |