



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-		

<b>TOTAL Reimbursement Requested \$</b>
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The expense relates to the following budgeted item:

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

VP / Head Liaison 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