



Acalanes Parents Club

Member Check/Reimbursement Request 2021 - 2022

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:

Katharine Wallace Treasurer@AcalanesParentsClub.com

For Treasurer's Use Only:

Date Processed	Check #	Check Amount

EFT Payment Approved By :