



Member Check/Reimbursement Request 2023-2024
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/Vendor	Purpose	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
T O T A L Reimbursement Requested \$		

The expense relates to the following budgeted item:

<input type="checkbox"/> Website/Newsletter	<input type="checkbox"/> Staff Appreciation	<input type="checkbox"/> Parent Education
<input type="checkbox"/> APC Events/Hospitality <i>(board mtgs/events)</i>	<input type="checkbox"/> AHS Events/Hospitality <i>(BTSN, Dialogues, Open House/Course Preview)</i>	<input type="checkbox"/> Volunteer/Heart Awards
<input type="checkbox"/> Summer Mailer	<input type="checkbox"/> Campus Enhancements	<input type="checkbox"/> Grants
<input type="checkbox"/> Directory/Handbook	<input type="checkbox"/> APC Marketing/Promo	<input type="checkbox"/> Senior Send Off Events
<input type="checkbox"/> Dons Day	<input type="checkbox"/> Community Wall	<input type="checkbox"/> Other _____

VP/Pres Approval: Name: _____ **Signature:** _____

Questions: Contact APC Treasurer, Lee Huskins, treasurer@acalaneparentsclub.com

For Treasurer's Use Only:

Date Processed	Check #	Check Amount

EFT Payment Approved by: Kelly Daggs/President

Lee Huskins /Treasurer