



# Acalanes Parents Club • Go Dons!

**Member Check/Reimbursement Request 2024-2025**  
Please fill out all items and attach all receipts to this form.  
This form is mandatory to receive reimbursement.

| <b>Date of Request:</b>                     |                |               |
|---------------------------------------------|----------------|---------------|
| <b>Name for Check:</b>                      |                |               |
| <b>Address to Send Check:</b>               |                |               |
| <b>Phone Number</b>                         |                |               |
| <b>Item/Vendor</b>                          | <b>Purpose</b> | <b>Amount</b> |
| 1                                           |                | \$            |
| 2                                           |                | \$            |
| 3                                           |                | \$            |
| 4                                           |                | \$            |
| 5                                           |                | \$            |
| <b>T O T A L Reimbursement Requested \$</b> |                |               |

**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<br><i>(board mtgs/events)</i> | <input type="checkbox"/> AHS Events/Hospitality<br><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](mailto:treasurer@acalaneparentsclub.com)

**For Treasurer's Use Only:**

| <b>Date Processed</b> | <b>Check #</b> | <b>Check Amount</b> |
|-----------------------|----------------|---------------------|
|                       |                |                     |

**Payment Approved by:** Andrea Hilsabeck or Michele Colaco / President      Lee Huskins /Treasurer