



Acalanes Parents Club

Check Request/Reimbursement Form: 2024 - 2025 Grad Night

Please fill out all items and attach all receipts/invoices to this form.

** Please note: If the request is for part of a payment plan in a contract, please attach a copy of the contract page, even if it has been submitted previously.

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		

Required Forms for this vendor (**Circle One for each Required Form**):

Signed 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

Head Liaison Approval: Name: _____ Signature: _____

Questions, Please contact Parents Club Treasurer: Lee Huskins • Treasurer@AcalanesParentsClub.com

For Treasurer's Use Only:

Date processed	Check #	Check amount:

EFT Approval: *Andrea Hilsabeck or Michele Colaco/President* *Lee Huskins/Treasurer*