Acalanes Parents Club • Go Dons!

Member Check/Reimbursement Request 2026-2027
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:		
Phone Number		
Item/Vendor	**Purpose**	**Amount**
1		$
2		$
3		$
4		$
5		$
T O T A L Reimbursement Requested $		

The expense relates to the following budgeted item:

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

VP/Pres Approval: Name:_____ Signature: _____

Questions: Contact APC Treasurer, Rick Phillips, treasurer@acalanesparentsclub.com

For Treasurer's Use Only:

Date Processed	**Check #**	**Check Amount**

Payment Approved by: Jocelyn Birrell / President Rick Phillips /Treasurer