

FORT WASHINGTON PARENT ASSOCIATION

Fresno, California

Procedure for: Expense Reimbursements (Accessing Budgeted Funds)

Date Effective: School Year 2014/2015

PURPOSE:

To ensure expenses are used in accordance with approved budget.

PROCEDURE:

1. Fill out Expense Reimbursement Form (provided below) in its entirety.
2. Attach documentation (receipt, invoice, email, etc.)
3. Obtain Committee Chair signature:
 - a. If there is a committee chair for the designated expense their signature is required before submitting expense reimbursement.
 - b. If you are the committee chair and you are requesting reimbursement, no additional signature is required.
4. Place in PA Treasurer's folder in Parent Club mailbox, located in the school office.
5. Email Treasurer's to notify reimbursement is waiting in Parent Club mailbox.
 - a. FortWashingtonTreasurer@gmail.com
6. Once check is signed Treasurer will use the form of delivery selected by the requestor.



Fort Washington Parent Association Expense Reimbursement/Check Request Form

Instructions: Complete this form and attach all receipts for reimbursement. Committee Chair must sign this form to show approval of the expense before submitting request. Completed form with attached receipts should be left in the PA Treasurer's folder in the Parent Club mailbox, located in the school office. Email Treasurer's to notify reimbursement is waiting in Parent Club mailbox FortWashingtonTreasurer@gmail.com. Once check is signed Treasurer will use the form of delivery selected by the requestor.

Requested by: _____ Date: _____

Committee/Event: _____

Purpose of Expense:

Please provide the purpose and/or description of this expense. *(All receipts must be attached to this request)*

Item Description <small>(Please list receipts separately)</small>	Purchased from	Amount	For Treasurer use only:
Total Amount Requested:			

Payee:

Check will be made out to the following:

Name _____

Address _____

Attention To _____

Form of Delivery:

- Mail to address above.
- Send Home with Student (My child is in Room _____. My child is _____.)
- Pick up (Notify me when check is ready. My cell phone is _____.)

Signature of Requester: _____ **Date:** _____

Signature of Committee Chair: _____ **Date:** _____

For Treasurer use only:				
_____	_____	_____	_____	_____
Budget Account	Check number	Treasurer Initials	Date Paid	Amount Paid

For President use only:	
_____	_____
President Initials	Date