

INSTRUCTIONS:

Fill out form as requested below.

1. Original receipts **MUST** be attached.
2. Committee Chair **MUST** sign.

**ASP PARENT FACULTY ASSOCIATION
Reimbursement Form 2006/07**

Committee: Grant:	Amount:	Description of Expense:
_____	_____	_____
Welcome Committee:	_____	_____
Saturday Sports:	_____	_____
School Photo's:	_____	_____
Turkey Sales:	_____	_____
Holiday Boutique:	_____	_____
May Event	_____	_____
Video Club:	_____	_____
PFA Kitchen:	_____	_____
Liaison – LS MS US	_____	_____
Total Amount:	_____	

COMMITTEE CHAIRPERSON SIGNATURE: _____

Requested by: _____ **Date:** _____

Check Payable to: _____

Address: _____

For use of PFA:

Amount reimbursed: _____ **Date:** _____

Check Number: _____

Treasurer approval: _____

President approval: _____

Updated 2007