



PTC

Franklin School Parent Teacher Club

Franklin Elementary School Parent Teacher Club

REQUEST FOR REIMBURSEMENT & VENDOR PAYMENT

TODAY'S DATE: _____ PTC PROGRAM: _____

PERSON MAKING REQUEST: _____ Phone: _____

MAKE CHECK PAYABLE TO: _____

PHONE/TEXT #: _____ EMAIL: _____

ADDRESS: _____

(If check is to be mailed)

FOR THE FOLLOWING AMOUNT: \$ _____ DATE NEEDED: _____

Event:	List of Items Purchased:	Amount:

I UNDERSTAND ALL EXPENDITURES WILL BE ACCOUNTED FOR WITH SALES RECEIPTS, INVOICES, ETC., IN THE APPROVED BUDGET CATEGORY.

Authorization:

Event Coordinator/Teacher Approvals: _____

Teacher/Requestor _____ Date _____

Director/Dept. Head _____ Date _____

For Franklin PTC Treasurer's Use Only

Date: _____ Check #: _____ Budget Category: _____

Treasurer Signature: _____

Check Delivery Method: _____ Mailed _____ Office _____ Other _____