

John Green Elementary School Parent Faculty Club (JGES PFC)

**REIMBURSEMENT REQUEST/CHECK REQUEST FORM**

PLEASE INDICATE what you are requesting by marking here:

Reimbursement Request....or....  Check Request

Your Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

**PLEASE ATTACHED ALL ORIGINAL RECEIPTS TO THIS FORM. IN ORDER TO PROCESS YOUR REQUEST THE TOTALS ON THE RECEIPTS MUST MATCH THE AMOUNT REQUESTED BELOW. PLEASE RETURN TO PFC MAIL SLOT.**

*Included in Annual Budget....or....*  *Approved at meeting (date \_\_\_\_\_)*

Project/Category	Description	Dollar Amount
	<b>TOTAL \$:</b>	

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FOR JGES PFC USE ONLY: DATE ISSUED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_