



**John Green Elementary School Parent Faculty Club
REIMBURSEMENT FORM**

JGES PFC Only

PFC Approval 1: _____ 2: _____

Date of Ck: _____ Ck #: _____ Ck \$: _____

Submission Checklist

- **ORIGINAL RECEIPTS** must be included with submission. If purchased online, the printed receipt must be included.
- Ensure receipt only has items related to PFC events, no personal items.
- The total on the receipt must match the total amount listed below.
- Reimbursement amount should be equal or less than the allotted budget (stated in approved annual budget or on the Event Proposal Form).
- *JGES Staff: For multiple expenses incurred during one month, please submit all receipts for that month on one reimbursement form.*
- Reimbursement form should be submitted within 30 days of the event/activity.
- Reimbursement checks are requested to be deposited into your personal account within two weeks of receipt of the check.
- Questions? Please email reimbursement@johngreenpfc.org

<input type="checkbox"/> Reimbursement Request (original receipts attached)	<input type="checkbox"/> Remit upon receipt of invoice (invoice attached)	<input type="checkbox"/> Other (please specify)
Full Name	Payee Name	Email Address
Mailing Address		Phone Number
Event Name	Event Budget (as stated in the current approved Annual Budget)	Date Submitted
If the event was not part of the annual budget was an Event Proposal Form submitted? Please attach approved Event Proposal Form: Yes: ___ No ___ N/A ___	Additional Comments:	

Event	Item Purchase Description	Total Amount
Total Reimbursement Amount <i>If additional space is needed for line items, please use another sheet.</i>		