



St. Bede PTG

Request for Payment/Reimbursement

School Year 2016-2017

Questions: E-mail Treasurers Laura Conner (lnealon3@yahoo.com) and Holly Sommer (hsommer@deloitte.com)

Request Date: _____

Requester: _____

Phone #: _____

Date Needed: _____ (For Advance Funds Only)

Pay To: _____ Amount: \$ _____

Committee Name: _____

Purpose: _____

Are you the Committee Chair? YES NO Chairperson Approval: _____

Check Delivery (check one):

Child's Name and Grade _____

Mail (include a self-addressed, stamped envelope)

Itemize purchases below (one line item per receipt) and attach ORIGINAL receipts. *Please DO NOT combine personal and PTG transactions on the same receipt.*

Where purchased	Items purchased	Amount

Reimbursement Instructions	Cash Box Requests
<ol style="list-style-type: none"> 1. All receipts should be submitted within 2 weeks of the event or purchase date. 2. Attach original receipts – photocopies will not be accepted. 3. All fields on the form must be completed. 4. The Committee Chair must provide approval prior to submission. School Staff reimbursement does not need approval. 5. Place completed form in the PTG mailbox in the office. 6. Allow one week turnaround. 	<ol style="list-style-type: none"> 1. Please use this form for events that need “starter cash” (e.g., Book Fair, Treasure Shop). 2. The Committee Chairperson must submit the request to the PTG Treasurer at least one week (7 days) prior to the event. 3. Standard starter cash is \$150. Please indicate above if you require a different amount. 4. The PTG will write a check payable to the requester. 5. The requester is responsible for cashing the check and getting the denomination breakdown needed.

Treasurer Record

Date Paid _____ Check # _____ Amount Paid _____ Acct _____