

Pacific Charter Institute

Parent Reimbursement Form

School/Location:

Student Name: _____

Teacher Name: _____

Parent/Guardian Information

Name: _____

E-mail: _____

Phone: _____

Pay to the Order of

Name: _____

Address: _____

City, State: _____ ZIP: _____

PLEASE LIST ONE RECEIPT IN EACH SPACE BELOW

CHECK BOX IF NEW MAILING ADDRESS

#	Receipt Date	Receipt From	Product Description <small>(List summary of books, supplies, or services)</small>	Goal	Class on MA	Return?	Budget Amount
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Total Funds Requested: _____

By Signing Below:

* I (parent/guardian) have attached all original receipts and certify that the above items were used in accordance with the policies of PCI.

I have noted non-consumable items and will return the items in accordance with PCI Policy.

** I (teacher) confirm all notes on this reimbursement and will retrieve the non-consumable items above.

Parent Signature*

Date

Teacher Signature**

Date

REIMBURSEMENTS TAKE UP TO SIX WEEKS TO PROCESS ONCE IT IS TURNED INTO THE ACCOUNTS DEPARTMENT

RECEIPT REQUIREMENTS	OFFICE USE ONLY
<p>All invoices, receipts, and statements must be printed with the vendor's name, physical address, contact number, and reflect method payment (showing that they have been PAID)</p> <p>a. Tangible items must be itemized (i.e. Target and Walmart receipts)</p> <p>b. Services must be listed with date(s) of service, service description, student's name, amount, and method of payment</p> <p>c. Any associated late fees will not be reimbursed (NO EXCEPTIONS)</p>	<p>DATES</p> <p>Received _____</p> <p>Returned _____</p> <p>Resubmitted _____</p> <p>Processed _____</p>