



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 (List summary of books, supplies, or services)	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 and its family of schools. 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
PCI HAS THE RIGHT TO REFUSE ANY REIMBURSEMENT REQUESTS WHICH ARE SUBJECT TO PCI'S POLICIES AND SCHOOL-SPECIFIC ADDENDUMS

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>