

CHECK BOX IF NEW MAILING ADDRESS

ZIP:

Pacific Charter Institute

Student Budget Reimbursement Form

	1 +
SCHOOL	/Location:

Student	Ν	lam	ne:	

Teacher Name:

Parent/Guardian Information

Name:	
E-mail:	
Phone:	

Pay to the Order of

Name:

Address:

City, State:

PLEASE LIST ONE RECEIPT IN EACH SPACE BELOW

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

By Signing Below:

Total Funds Requested:

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 certify that all services rendered were either (1) performed through a virtual platform OR (2) held in-person.

** 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 WE	EKS TO PROCESS	ONCE IT IS TURNED INTO THE A	CCOUNTS DEPAR	TMENT
PCI HAS THE RIGHT TO REFUSE ANY REIMBURSEMENT	REQUESTS WHICH	ARE SUBJECT TO PCI'S POLICIE		
RECEIPT REQUIREMENTS			OFFIC	CE USE ONLY
			DATES	
All invoices, receipts, and statements must be printe	d with the vend	lor's name, physical address,	Received	
contact number, and reflect method payment (sho	wing that they h	nave been PAID)		
a. Tangible items must be itemized (i.e. Target and	d Walmart receip	pts)	Returned	
b. Services must be listed with date(s) of service, s	ervice description	on, student's name,		
amount, method of payment, and virtual platfo	orm used to deliv	ver the service.	Resubmitted	
c. Any associated late fees will not be reimbursed	(NO EXCEPTION	NS)		
			Processed	