

**ATTACH
RECEIPTS HERE**

Parent Advisory Council

Teacher Reimbursement Request Form

To receive reimbursement for materials and services purchased for the classroom, submit this completed form along with **original receipts** to the OCD director/asst. director, or the PAC mailbox. Notify the Treasurer at pactreasurercc@gmail.com that you have submitted your request.

The **request form must have the teacher's and a parent representative's signature** as well as the OCD director/asst. director's signature in order to be processed. The amount of reimbursement cannot exceed the amount in the classroom(s) account. Purchases over \$100 must have pre-approval from the OCD director/asst. director- please attach the approved purchase request form for purchases over \$100.

- *Receipts should be dated within the last **three** months to be eligible.*
- *Replacement checks for lost checks will incur a \$20 bank imposed stop payment fee per check. This fee is the responsibility of the check payee and will be deducted from the amount reimbursed to the payee on the replacement check(s).*
- *Please have items to be reimbursed on a separate receipt (not mixed with personal or other non-OCD expenses).*

Name _____ Submitted Date _____

Phone Number _____ Email _____

School _____ Classroom _____

Vendor Name	Purpose & Description of Items	Cost (\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		\$ _____

Teacher's Signature

Parent Representative Name (printed) Parent Representative Signature

OCD Director/Assistant Director Signature

PAC USE ONLY
CHECK # _____
DATE _____
INITIALS _____