



AHS PFC (Parent Faculty Club) Check Request/Reimbursement Form

Request Submitted By: _____

Department or Committee: _____

PFC Budget Category: (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Campus Improvement | <input type="checkbox"/> Direct Appeal - Fall | <input type="checkbox"/> School Support |
| <input type="checkbox"/> Classroom Support
(Wish List) | <input type="checkbox"/> Hospitality/Staff
Appreciation | <input type="checkbox"/> Spring Fundraiser |
| <input type="checkbox"/> College & Career | <input type="checkbox"/> Media Center | <input type="checkbox"/> Other (please specify)
_____ |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Principal's Fund | |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> SAT/ACT | |

Item Description or Event: _____

Purchase or Event Date: _____ Annual Charge: yes / no (circle one)

Date Request Submitted: _____ **** Total Amount: \$** _____

****All original receipts or invoices must be attached in order to receive a reimbursement**

Make Check Payable to: _____

Address (if check is to be mailed): _____

***Please allow 1-2 weeks turnaround time, as it takes three people to complete the request.
If you have any questions, contact PFC Treasurer, Jayne McGrath at
ahspftreasurer@gmail.com***

PFC to Complete

Date Paid: _____ Check Number _____ Paid By: _____

Check Signers:

1. _____ 2. _____

Distributed By: _____ Check Left Where/With: _____