

**PARENT TEACHER CLUB  
REIMBURSEMENT FORM**

2011/2012
Check No. _____
Office Use Only



Submitted by \_\_\_\_\_ Phone number \_\_\_\_\_ /email \_\_\_\_\_

Committee or Department   **AUCTION**   Date \_\_\_\_\_

Make Check Payable to \_\_\_\_\_

Pick up check at RSA or Mail check to \_\_\_\_\_

Reimbursement Codes: Silent Auction Donation: SAL    Live Auction Donation: LAD    Decorations: DEC  
Entertainment: ENT    School Projects: PROJ    Printing: PRNT    Postage: POST

DATE	CODE	CHAIR	DESCRIPTION	TOTAL AMOUNT
			<b>GRAND TOTAL</b>	\$

I hereby certify that the above is an accurate accounting of my expenses incurred on behalf of Redding School of the Arts Parent Teacher Club, and I have attached copies of receipts and/or proof of payment. (Allow 7-10 business days for reimbursement.)

Requestor's Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

<b>Auction Committee Chair</b> Approval Signature: _____ Date _____
<b>Auction Committee Chair</b> Approval Signature: _____ Date _____
<b>PTC Officer</b> Approval Signature: _____ Date _____