



Port Washington Parent Resource Center Expense Reimbursement Form

Date: _____ Name: _____
 Address: _____
 Phone #: _____

Approval: _____
 Date: _____
 Auditor: _____
 Date: _____

For Bookkeeper Use Only

<u>Receipt #</u>	<u>Date</u>	<u>Receipts Amt</u>	<u>Program or Class Name</u>	<u>Item description or type</u>	<u>Chg to</u>	<u>Other Information</u>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
Total		=====				

Procedures for Claiming Reimbursement of Expenses: (Please refer to purchasing policy memo for further clarification of rules)
 Fully complete form; inserting each receipt on a different line number. Attach all original receipts, circling the items for reimbursement.
 Total the expenses on the sheet and submit to the Executive Director for approval and payment.
Please remember that the PRC is a tax-exempt organization. Please present a Tax Exempt Form (ST 119.1) to the merchant at

the time of purchase. Sales tax will not be reimbursed by the PRC.