

Acalanes Parents Club Staff/Teacher Request 2024-2025

Form For Staff Discretionary Fund Purchases: Limit is \$200 per year

All checks will be sent directly from the bank to the address entered below.

Please IIII 0	ut an items and atta	ch all receipts to th	is iomi.
Date:			
Name For Check:			
Address to Send Ch	eck:		
Phone Number:			
Item Purpose and Ve	ndor Name		Amount
1:			
2:			
3:			
4:			
TOTAL Reimbursement Requested: \$			
Questions, Lee Huskins: <i>tr</i> Treasurer's Use Only	easurer@acalanesparent	sclub.com For	
Date Processed	Check #	Check Amoun	
TT A	l: /F		! . ! /T

EFT Approval:

Andrea Hilsabeck or Michele Colaco/President

Lee Huskins/Treasurer