

GLOBE Academy Foundation and PTCC Reimbursement/Payment Request

Date of Request: _____

Person Requesting: _____

Phone # : _____

Email: _____

PLEASE CHECK ONE:

1. Reimbursement to individual (must attach receipts)

**please submit no later than 30 days after purchase*

2. Payment to a vendor by check (must attach invoice)

** when possible, submit invoice two weeks prior to due date on invoice*

3. Payment by debit card (must attach invoice)

Amount: _____

Make check payable to: _____

Address to mail payment to: _____

Purpose of payment: _____

Signature of requester: _____

Required signature of applicable PAC Leader: _____

Expenses submitted without appropriate receipts or invoice will not be reimbursed.

Before payment request is given to Treasurer - must have PAC leader signature.

FOUNDATION TREASURER'S USE ONLY

Foundation President Approval: _____ Date: _____

Must have PAC Leader and Foundation President approval before payment is made

*Foundation Board Member Approval: _____ Date: _____

** If Foundation President is making request a signature of another board member is required*

Foundation Treasurer Signature: _____ Date: _____

Date payment made: _____ Check number: _____

Charged to what budget item: _____