

**Annual Stipend Reimbursement Form**

- For funding classroom or curriculum related expenses up to \$150.00
- Fill out the form **completely**
- **Attach all supporting receipt(s) and/or invoice(s)**
- Place in PFC box for funding.

Make check payable to: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Mail to address below \_\_\_\_\_ Place in my staff mailbox

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized by: \_\_\_\_\_ (PFC Board) Date: \_\_\_\_\_

Description/Reason for reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Amount Requested:** \$ \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_

**For PFC use:**

Amount Reimbursed: \$ \_\_\_\_\_ Check date: \_\_\_\_\_ Check # \_\_\_\_\_