



# Wells Middle School Parent Faculty Club

6800 Penn Drive, Dublin, CA 94568

wellspfc.org

## Reimbursement/Check Request Form

One of the following:

Staff Reimbursement

Committee Reimbursement

Special Request

Other \_\_\_\_\_

### Instructions:

- Complete all fields and attach all original receipts or invoices to this form
- Place completed form in the PFC box located in the main office
- Deposit checks promptly and keep a copy of receipts and forms for your records

Date: \_\_\_\_\_

Make Check "Payable to": \_\_\_\_\_

Requested by: \_\_\_\_\_

**Delivery Instructions:**  One of the following:

Deliver to staff mailbox or  Mail to this address:

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

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

Description/Reason for Reimbursement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Requested: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_

For PFC use: Amount Reimbursed: \$ _____	Check Date: _____	Check Number _____
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