

2019-2020 Bret Harte Community Club

Payment Authorization/Request for Reimbursement

Date of request _____

Person requesting _____

Make check payable to _____

Address _____

City/Zip _____

Phone (____) _____ E-mail _____

Budget line to be charged _____

Description of expenditure _____

List expenditures (Vendor name and summary of services/item):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSE \$ _____

Requestor's Signature _____

Committee Chairperson's Signature _____

Committee Chairperson's Name (PRINTED) _____

President's Signature * _____

* President's approval is required if the requestor is also the committee chairperson.

Please choose one of the following:

_____ Mail to home (include a self address stamped envelope)

_____ Pick up in school office, contact me at _____

_____ Put into my school mailbox (Staff/BHCC only)

Please attach ORIGINAL receipts, invoices, or appropriate backup and submit to the Treasurer's folder in the BHCC mailbox (in the school office). Gift cards will NOT be reimbursed, unless the purchase has prior approval from the BHCC President or BHCC Treasurer. If you have any questions, please contact Iwona Warraich at iwona@warraich.com

FOR BHCC TREASURER USE:

DATE RECEIVED		CHECK #	
DATE PAID		CHECK \$ AMT	
TREASURER INITIALS		QUICKBOOKS	