

The Old Post Road School Parent Advisory Committee (OPR PAC), Inc.
Expense Reimbursement / Check Request Form

Requester's name _____

Requester's signature _____

Date of request _____

Date needed _____

Total amount of expense (please attach original receipt/s) _____

Make check payable to _____

Category of expense:

5th Grade Yearbook	_____	Playground	_____
Concert Accompaniment	_____	Production	_____
Cultural Arts	_____	Reading Incentives	_____
Docent	_____	SPED PAC	_____
Donations	_____	Staff Appreciation Brunch	_____
Field Day	_____	Student Subsidy	_____
Junior Great Books	_____	Sunshine	_____
Kids in Need	_____	Tax Expenses	_____
Math & Science Nights	_____	Technology	_____
Math Day in the Park	_____	What's It Like	_____
Miscellaneous Expense	_____	Fundraiser Expense*	_____
Plantings	_____	*Specific Fundraiser	_____

Additional information the Treasurer may need to know

To be completed by Treasurer

Approved _____ Check # _____ Date _____

President Approval (over \$1,000) _____ Date _____