

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 _____
Cultural Arts Science _____	Reading Incentives _____
Cultural Arts Enrichment _____	Staff Appreciation Brunch _____
Docent _____	Student Subsidy _____
Field Day _____	Sunshine _____
Junior Great Books _____	Technology _____
Math and Science Night _____	Other _____
Math Day in the Park _____	Description of Other
Plantings _____	PAC Expense _____
Miscellaneous _____	Fundraiser Expense _____
Description of Misc Exp	Name of Fundraiser

Additional information the Treasurer may need to know

To be completed by Treasurer

Approved _____ Check # _____ Date _____

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