

## Check Request Procedures For PAPA Activities

The following request needs to be completed when you are requesting a payment or reimbursement for expenses relating to PAPA activities.

In order for these requests to be processed, please make sure:

1. All information asked for is filled in and the expense/ request for reimbursement is submitted in a timely manner. Expenses over 3 months old will not be approved, and all of this school year expenses must be in by the last day of school in June.
2. All receipts, invoices, proof of expenses need to be attached to report and report returned to reimbursement envelope in PAPA box.
3. Clearly state reason for expense on purpose line.
4. Report only one event's expenses on a request. For example, do not request postage reimbursement for summer mailing on same form as request for picnic supplies.
5. If you are not the recipient of check, make sure vendor or payee information is clearly marked on request. Make sure address on invoice is same as mailing address if check is to be sent.
6. If you would like to have your check sent home, make sure you put your address on the request; otherwise it will be left in PAPA box for you to pick up.
7. MOST IMPORTANT - Request must be approved by the President, the President-elect, or the treasurer before it will be paid. Don't hold up reimbursement by not filling out request in full. Large expenses (over \$50) should be approved BEFORE the order or purchase or expense is incurred.
8. The school uses certain vendors which will let us buy on credit. Before incurring expenses where a vendor relationship might exist, check with the treasurer.

Requests will be picked up on Wednesdays and Fridays and accounting has been turning the payments around within 4 – 7 business days.

If you have any questions, please call the PAPA treasurer.

Turn your expenses in so you and our vendors can be paid in a timely manner!

# CHECK REQUEST

Date \_\_\_\_\_

Return to: \_\_\_\_\_  
(Your Name)

Mail to address below

**Please draw a check to:**

Name of Payee: \_\_\_\_\_

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

\_\_\_\_\_

Purpose: \_\_\_\_\_

Amount: \_\_\_\_\_

*Please attach invoices or receipts to the back of this form\**

Your Signature: \_\_\_\_\_

Signature of Head: \_\_\_\_\_

**(Required before you submit to Business Office)**

*\*If the attached form needs to be mailed with the check, please photocopy the form so that we can have a copy on file.*

**PAPA Use Only:**

**For Business Office Use Only:**

**PAID**

**Check number** \_\_\_\_\_

**Date** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Account** \_\_\_\_\_

August Mailing \_\_\_\_\_

PAPA Coffee Supplies \_\_\_\_\_

PAPA Picnic \_\_\_\_\_

Class Parties \_\_\_\_\_

Christmas decorating \_\_\_\_\_

Breakfast with Santa \_\_\_\_\_

Cocktail Party \_\_\_\_\_

Common Ground \_\_\_\_\_

Field Day \_\_\_\_\_

Grandparents day \_\_\_\_\_

Other \_\_\_\_\_