



## SPRING 2021 Parent Reimbursement Form

School/Location: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Pay to the Order of**

Name: \_\_\_\_\_

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

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*PLEASE LIST ONE RECEIPT IN EACH SPACE BELOW\***

CHECK BOX IF NEW MAILING ADDRESS

#	Receipt Date	Receipt From	Product Description <small>(List summary of books, supplies, or services AND county where services were provided)</small>	Goal	Class on MA	Return?	Budget Amount (EUs)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

**Total Funds Requested:** \_\_\_\_\_

**By Signing Below:**

\* I (parent/guardian) have attached all original receipts and certify that the above items were used in accordance with the policies of PCI and its family of schools. I have noted non-consumable items and will return the items in accordance with PCI Policy.

I certify that all services rendered were either (1) performed through a virtual platform OR (2) held in-person and followed all state and county COVID mandates at the time the services were provided.

\*\* I (teacher) confirm all notes on this reimbursement and will retrieve the non-consumable items above.

\_\_\_\_\_  
Parent Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature\*\*

\_\_\_\_\_  
Date

REIMBURSEMENTS TAKE UP TO SIX WEEKS TO PROCESS ONCE IT IS TURNED INTO THE ACCOUNTS DEPARTMENT  
PCI HAS THE RIGHT TO REFUSE ANY REIMBURSEMENT REQUESTS WHICH ARE SUBJECT TO PCI'S POLICIES AND SCHOOL-SPECIFIC ADDENDUMS

**RECEIPT REQUIREMENTS**

All invoices, receipts, and statements must be printed with the vendor's name, physical address, contact number, and reflect method payment (showing that they have been PAID)

- a. Tangible items must be itemized (i.e. Target and Walmart receipts)
- b. Services must be listed with date(s) of service, service description, student's name, amount, method of payment, and virtual platform used to deliver the service.
- c. Any associated late fees will not be reimbursed (NO EXCEPTIONS)

**OFFICE USE ONLY**

**DATES**

**Received** \_\_\_\_\_

**Returned** \_\_\_\_\_

**Resubmitted** \_\_\_\_\_

**Processed** \_\_\_\_\_