

# Fallon PFC Expense / Reimbursement Authorization Form

Please attach all receipts with your reimbursement form and highlight the total spent. Expenses exceeding program budget requires PFC Board approval. Fallon Staff/Teachers will receive reimbursement checks in their mailbox. Please include address if checks need to be mailed by PFC.

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

Method of Payment

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

Reimbursement for Attached Receipts

Mailing Address For Check: \_\_\_\_\_

Remit Upon Receipt of Invoice

Other \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Line #	Trans. Date	Description	PFC Account (PFC will fill in)	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATIONS:**

PFC Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PFC Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Office Use Only*

Check Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

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