

Califon PTA Check Request/Reimbursement Form

Requested by: _____

Date: _____

Payable to: _____

Item Description: _____

Budget Category: _____

Submit this request with itemized receipts, invoices or order forms attached.
Reimbursement can be expected within 10 business (school days) after receipt of request.

Califon PTA Debit Card Use Form

Purchase by: _____

Date: _____

Paid to: _____

Item Description: _____

Budget Category: _____

Submit this documentation with itemized receipts, invoices or order forms attached.

