

**Plymouth Parent Association
Check Request / Reimbursement Form**

Instructions:

Please fill in the requested information below and select the appropriate expense category.

Attach receipts or invoice. If you would like your receipts back, please note this here:

Put in the PPA mail slot or mail to PMS, attn PPA, 10011 36th Ave N, Plymouth MN 55441

Date:		Requested by:	
Make Check Payable To:			
Address:			
City:		State:	Zip:
Mail Check	<input type="checkbox"/> Mail check to above	Phone:	
Other	<input type="checkbox"/>		
Amount Requested:	\$ _____	Describe Purpose of Event/Expense:	

Please select appropriate expense category:

Revenue Generating Expenses	Administrative
<input type="checkbox"/> Happenings Books <input type="checkbox"/> Book Fair <input type="checkbox"/> Magazine Drive <input type="checkbox"/> Other _____	<input type="checkbox"/> Printing/Postage <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____
School Programs	Staff/Principal
<input type="checkbox"/> Step Team <input type="checkbox"/> Other Teams (DI, Chess, etc) <input type="checkbox"/> Theater Fund <input type="checkbox"/> Student Needs <input type="checkbox"/> High Honor Program <input type="checkbox"/> PBIS	<input type="checkbox"/> Staff Appreciation <input type="checkbox"/> Principal Discretionary <input type="checkbox"/> Misc Approved Expenses <input type="checkbox"/> Other

PPA USE ONLY

Check # :	Written To:	Check Written By:
Date of check:	Check Amount: \$ _____	
		Approval Signature if needed