

# Coburg Community Charter School - Parent Club Income/Expense Reimbursement Form

Date \_\_\_\_\_

Fundraiser/Event \_\_\_\_\_

Budget \_\_\_\_\_

Chairperson \_\_\_\_\_

## INCOME

### Monies Collected

### Monies Collected by Type of Income

Add: Beginning Cash in Cash Box	\$ _____		\$ _____
Subtract: Ending Cash in Cash box	\$ _____		\$ _____
	Cash \$ _____		\$ _____
# of Checks _____	Checks \$ _____		\$ _____
<b>DEPOSIT AMOUNT</b>	<b>\$ _____</b>	← These amts should match →	<b>DEPOSIT AMOUNT</b>
			<b>\$ _____</b>

#1) \_\_\_\_\_  
*Signature of Event Representative*

#2) \_\_\_\_\_  
*Signature of Event Representative*

## EXPENSE

**\*\*\*RECEIPTS/INVOICES MUST ACCOMPANY REIMBURSMENT REQUEST\*\*\***

### Payee #1

### Payee #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

<u>Description of Expense</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>EXPENSE AMOUNT</b>	<b>\$ _____</b>

<u>Description of Expense</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>EXPENSE AMOUNT</b>	<b>\$ _____</b>

**QUESTIONS:**  
PCS leads at pcs@coburgcharter.org

\_\_\_\_\_  
*Signature of Event Representative*

Parents' Club Officer Use Only

Date Received \_\_\_\_\_

Check #      Check Date      Amount

Deposit Date \_\_\_\_\_

Payee #1 \_\_\_\_\_ \$ \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Payee #2 \_\_\_\_\_ \$ \_\_\_\_\_