

REIMBURSEMENT REQUEST

STEP BY STEP

1. **RECEIPT** can not include *any* personal items. ALL items on receipt must be approved for PTIC event and part of your budget. Do not exceed your budget! ONLINE RECEIPT must show payment processed (not simply an order total). SUBMIT COPY of receipt and keep original receipt.

2. **COMPLETE FORM** ([DCEF Pay Voucher](#))

Template to right shows highlighted sections to complete.

Please sign (digital signature okay) to confirm all expenses submitted are budgeted, appropriated and necessary.

Print to PDF or print to paper.

3. **SUBMIT receipt(s) and form**

a. **Via email (preferred)**

roxptic@gmail.com

Subject: TREASURER: Pay Voucher

Attach scan or photo of each receipt

Attach completed DCEF Pay Voucher Form

b. **Paperwork left in PTIC treasurer folder in PTIC mailbox (next to staff mailboxes) at RXP or RXI.**

Please staple copies of receipts to completed DCEF Pay Voucher Form

4. **OPTIONAL to fill in details in**

[reimbursement request log](#)

This automatically notifies the treasurer of your request and allows her to see how the request was submitted. Especially useful if you submit your request in PTIC treasurer folder at RXP or RXI. Allows you to confirm the status of your request to see when it was submitted to DCEF (Douglas County Education Foundation) who actually issues the checks and mails them out. In most situations, you will receive your check within 10 days of when submitted to DCEF. Please keep in mind DCEF is closed during school breaks and holidays.

5. **THANK YOU!**

We are proud to be PTIC! We couldn't do it without all of our amazing volunteers!

The Foundation for Douglas County Schools
PAY VOUCHER

Date: _____

Employee ID # _____
Non-Employee _____
 Parent and/or Student Refund

Special Handling Instructions: _____

Payee Name: _____
Address: _____
City, State, Zip: _____

Chapter Name and Description of Expenses: Program Fundraising Administrative
Roxborough PTIC

Account Code and Amount:

Spend Category	\$ Amount	Fund	Cost Center	Budget Source	Program	Initiative
0010	receipt #1 total	77		60	3528	
	if needed, receipt #2					
Total \$	enter amount requested					

The refunds / services listed above are budgeted, appropriated and necessary.

Form is complete with appropriate backup.

Signature of Preparer & Date _____

Budget Holder Approval & Date _____

Authorized Finance Department Official _____

