



Pacific Collegiate School
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Expense Payment/Reimbursement Form

Please check only one appropriate box. If more, please use separate form for each.

PCS School Expense
 Sport or Club Expense
 PVA Expense

Payee: _____ Date: _____

Address: _____ Phone: _____

Items for reimbursement

Object Code (Office Use Only)	Description	Dept. or Club	Amount
Total:			

Authorizations

Requestor: _____ Date: _____
 Dept Chair / _____
 Treasurer / Advisor: _____ Date: _____
 Secondary Approval / _____
 Principal: _____ Date: _____

Office Use Only: Check #: _____ Date: _____