

# ***GSLs PARENTS' ASSOCIATION EXPENSE/REIMBURSEMENT GUIDELINES***

Effective: School Year 2017/2018

These guidelines and procedures are established for the payment of or reimbursement of various school business costs from GSLs Parents' Association (PA) funds.

The GSLs PA will reimburse GSLs teachers, employees and parents for approved purchases and expenses provided they are incurred in the ordinary course of school business and receipts are included.

For the 2017-2018 school year, the GSLs Administration team will be responsible for the allocation of the teacher stipend program (including the carry over funds).

## **CHECK REQUEST SYSTEM:**

Complete entirely the attached *Request for PA Funds* expense form. Scan/email to PA Treasurer Karen Leech at [ktippleston@hotmail.com](mailto:ktippleston@hotmail.com) or place the completed form in the PA Treasurer's mailbox which is located in the Fellowship Hall.

Please include a photocopy (or original) of the receipts or invoices (not packing slips) and tape to an 8.5" x 11" sheet of paper (unless the receipt is the same size) in chronological date order.

Expense reports should be submitted within (2) months in which an expense has been incurred.

## **AUTHORIZATION PROCEDURE:**

Reimbursement checks will be distributed monthly following PA meetings; include details if needed sooner. Vendor checks will be mailed directly, if indicated. Teacher reimbursement checks will be placed in teachers' mailboxes. Parent checks will be placed in parent pick up folder in the school office. Please provide differing instructions if any.

Any questions, please email Karen Leech at [ktippleston@hotmail.com](mailto:ktippleston@hotmail.com) or contact the School office.

# GOOD SHEPHERD PARENTS' ASSOCIATION

## REQUEST FOR PA FUNDS FOR THE SCHOOL YEAR 2017-2018

Date: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Name of person requesting check: \_\_\_\_\_

Email or phone number for questions: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Address (*only if mailed*): \_\_\_\_\_

\_\_\_\_\_

charge to \_\_\_\_\_'s PA allocation, or

expense authorized by \_\_\_\_\_

Purpose of expenditure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSTRUCTIONS:

Original or copy of receipt or invoice must be attached for reimbursement or payment. Please tape receipts to an attached 8 1/2" x 11" sheet of paper (do not staple in a big stack). Please email a scanned copy to Karen Leech, PA Treasurer at [ktippleston@hotmail.com](mailto:ktippleston@hotmail.com) or place the Request Form in the Treasurer's mailbox.

\_\_\_\_\_  
SIGNATURE (by requester)