

REQUEST FOR PAYMENT & GUIDELINES

Mary Immaculate School Parent Teacher Club
November 2022

The purpose of this document is to provide guidance on how and when to submit PTC expenses for reimbursement.

Qualifying Expenses

Only expenses incurred as a result of a teacher-approved classroom activity or PTC event qualify for reimbursement. Head Room Parents and PTC Board members are required to operate within approved budgets. Expenses which exceed budgets may not be reimbursed.

*MIS does not reimburse for Sales Tax. Please do not include tax in the amount to be reimbursed. If you require the Mary Immaculate School Tax Exempt ID for purchases, please contact the PTC President.

Submission Deadlines

Reimbursement requests must be submitted within 30 days of the expense, or within 2 weeks of the event.

Required Documents

All submissions must include the following to be accepted:

- MIS Request for Payment Form
- Original Receipts/Invoices
- Itemized Receipts/Invoices for expenses over \$25.00

How to Submit for Reimbursement

1. Save original receipts & ask for itemized receipts for expenses over \$25.00
2. Complete the MIS Request for Payment Form
3. Submit the MIS Request for Payment Form and Original Receipts to the MIS Business Manager
 - a. If submitting via e-mail; email both the reimbursement form and digital copies of receipts to the MIS Business Manager and copy the PTC President. Send original receipts via Kid-Mail to the MIS Business Manager.

Reimbursement Turnaround Time

Reimbursement requests are processed once per week. Please allow 2 weeks for processing & reimbursement.

Mary Immaculate Catholic School: Request for Payment

To: Business Manager

Request By: _____ Date: _____

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Classroom/Grade Event: _____

Description	Amount	(Office Only) Acct Exp Code	(Office Only) Acct Class
	-		
	-		
	-		
	-		
	-		

Total:

- Mail to above address
- Kid mail--indicate Child's name/Class _____
- Pick up at school--indicate mail box: _____

Signed: _____ Date: _____

Approved: _____ Date: _____

Please attach original receipts/invoices. Copies are not acceptable. We do not reimburse for sales tax. Please do not include tax in the amount to be reimbursed