



BPHSA... Making a Difference for Our Children
Chapter of North Penn Coordinating Council, Inc.

EXPENSE REIMBURSEMENT FORM

Please complete this form to request a check to pay expenses to a business or for reimbursement for committee purchases. Please submit proper documentation, invoices or receipts for the expenditure. Failure to include receipts, invoices or other pertinent documentation may delay the reimbursement.

Pay To The Order Of: _____

Amount Requested: _____ Budget Category: _____

Reason for Expenditure: _____

SSN/EIN: _____ Required for payments over \$600 to a person who is not incorporated.

Date of Check Request: _____ Date Check Needed: _____
(Please allow 7 business days for processing)

Requestor's Name: _____

Sent Check to the requestor via child's teacher:

Child's Name: _____ Child's Teacher/Grade: _____

Mail Check to: (list address) _____

Hand deliver paper check for purpose of payment for field trips or assemblies (only).

► Please submit this form and supporting documentation by placing it in the BPHSA treasurer's mailbox in the school office.

BPHSA use only:

Budget Category: _____ Treasurer Approval: _____

President Approval: _____

Source: Manual Bill-Pay

Check # _____ Date: _____ Recorded

***** BPHSA Checks are Good for 6 Months *****

Bridle Path Home and School Association
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