

# Cathedral-Carmel Parent Booster Association Finance Request Form

*Staple all receipts (if applicable) to this form and return it to the Treasurer for processing*

**ALL INFORMATION MUST BE COMPLETED BEFORE REQUEST WILL BE PROCESSED**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Committee: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**TYPE OF REQUEST:**            Personal Reimbursement            Check Request To Other Party

Make Check Payable To: \_\_\_\_\_

Address of Check Recipient: \_\_\_\_\_

\_\_\_\_\_

Description of Request (Be specific) RECEIPTS ARE REQUIRED	AMOUNT (Subtotal Same Line Items)

<b>TOTAL AMOUNT</b>
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Please forward this form and receipts to the PBA Treasurer  
either via email at [jeanne.cloutier@gmail.com](mailto:jeanne.cloutier@gmail.com) or via PBA  
Box in a sealed envelope labeled:  
**PBA Treasurer - Jeanne Cloutier**