



Dorothy Lynas School PAC Request for Reimbursement

Date: _____

Select Method of Payment

Submitted By: _____

_____ INTERAC e-Transfer (PREFERRED)

Payable To: _____

_____ Cheque (only if necessary)

Email (must fill in): _____

_____ Division (for Teacher Support)

Expense Category	Total	Comments
Munch A Lunch Expense		
Grade 7 (describe in comments)		
Ski Program		
Spirit Wear		
Spring Carnival		
Teacher Support Expense (max \$250/year)		
Field Trip Expense		
Extra-Curricular Activities		
Performance Arts Expense		
Student Empowerment (Dragon Tales)		
Misc (describe in comments)		
PAC Expenses:		
PAC Meeting Expense		
Parent Education Expense		
Staff Luncheon Expense		
Volunteer Appreciation Expense		
School & Student Expenses:		
Equipment Supplies Expense		
Music Expense		
PE Expense		
Social Emotional Learning		
Other (describe in comments)		

Please put in file folder on front office desk on complete in file marked "Request for Reimbursement".
 Email MUST be included. Any questions, please contact dagnefortin@gmail.com

For Administrative Use Only:

BSF e-Transfer: _____	Date: _____
RB & QBO: _____	