



ECOLE DOROTHY LYNAS SCHOOL
PARENT ADVISORY COUNCIL



REQUEST FOR REIMBURSEMENT

Date: _____

Submitted By: _____

Division Number (for teachers): _____

Email (for e-transfer): _____

ITEM (write description if needed)	Total (Inc. Tax)
Hot Lunch Expense	
Teacher Support / Classroom Expense <i>Max \$250 per Division - Max \$250 for Non-Enrolling Staff</i>	
Field Trip Expense	
Equipment Supplies Expense	
First Aid & Safety Expense	
Music Expense	
PE Expense	
PAC Meeting Expense	
Parent Education Expense	
Technology Expense	
Volunteer Appreciation Expense	
Other – Please Specify	

Please email form AND receipts to dlpactreasurer@gmail.com by May 1st.

Please DO NOT drop at the office!