# EXPENSE REQUEST AND DEPOSIT FORM

Please place completed forms and stapled receipts in the Treasurer's Inbox in Franklin's main office. You can also email this form (or the same information) and receipt to the treasurer@franklinapple.org . If the request needs authorization, an email from the authorizer can replace the initial box below. If Urgent, contact APPLE Treasurer directly to make arrangements. Forms submitted by the last day of the month will be paid by the 15th day of the following month.
**Thank you for supporting APPLE with your time and financial resources!**

**Please check one box below and fill in information:** **Today's Date:** _____

- ☐ I purchased items for APPLE. Please reimburse me: Name: _____
- ☐ I need a check for APPLE expenses, payable to: Name: _____
- ☐ Please deposit the attached check to APPLE: From: _____
- ☐ I am donating these expenses. Please send me a tax deduction letter.

**Delivery: Please check ONE box and complete address information.**

- ☐ Mail (Preferred). Please mail a check to this address:

Address: _____ City, State, Zip: _____

- ☐ Hand delivery. Please contact me to coordinate this. Email or phone: _____

**Accounting:** Please describe the transaction(s) below and provide the following information:
Authorization: Checks cannot be prepared without TEACHER or COMMITTEE CHAIRPERSON initials.
Receipts: IRS regulations require that we receive receipts for every item paid out.
Donations: Expenses turned in 60 days after the expense date will be considered a donation to APPLE.
Donations: If you would like to receive a tax deduction letter instead of a check, please indicate below.

☐ **Expenses: Please attach receipts for ALL amounts and describe below:**

**Please check ONE box below and describe item in detail:**

- ☐ Teacher Support Reimbursements: Please ask TEACHER to initial.
  For Library, Art, Music, or P.E. items, please indicated in the Grade Box.
- ☐ Classroom Expenses from Classroom budget: Please ask the CLASSROOM COORDINATOR to initial.
- ☐ Committee Expenses: Please select ONE committee and ask COMMITTEE CHAIR to initial expense items:

| | | | |
|---|---|---|---|
| ☐ Academic Enrichment | ☐ Fundraising: Auction | ☐ Hours | ☐ Volunteer |
| ☐ Childcare | ☐ Fundraising: Sekani | ☐ Orientation/Enrollment | ☐ Website |
| ☐ Community Celebrations | ☐ Fundraising: Scrip | ☐ Program Planning | ☐ Other _____ |
| ☐ Exec Board/Admin | ☐ Fundraising: Other | ☐ Spring Event | |

**Please describe items in detail below:**

| Grade | Description | Date | Authorized by: Initials | AMOUNTS |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | **Total** | |

☐ **Deposit(s):**

| Description | Date | AMOUNTS |
|---|---|---|
| | | |
| | | |
| | **Total** | |