



Guadalupe Home & School Club (GHSC)
Attn: GHSC Treasurer
 6044 Vera Cruz Dr., San Jose, CA 95120
treasurer.ghsc@gmail.com
 669.223.1569
 ghsc.net



Payment/Reimbursement Request

Instructions:

1. Reimbursement - Include only ORIGINAL, CLEAN receipts. (Receipts should ONLY contain reimbursable expenses if possible).
2. Payment – If a vendor requires direct payment, please include the invoice and mailing address for the vendor.
3. Payment Processing - Return this form and supporting receipts or invoices to the Treasurer’s mailbox located in the school office. All requests must be turned in by 2:30pm on Thursday to be paid by the following Wednesday.
4. Deadlines – All Requests are **NET 45**. Requests must be submitted within 45 days of purchase to be reimbursed.
5. Due Dates – Please indicate the date payment is due. Please allow a minimum of 14 DAYS for processing.
6. Disbursement – Please indicate where the payment/reimbursement should be left when complete. Payments can be mailed or requestors can pick up payment from the Treasurer’s mailbox. (Note: Teacher reimbursement checks will be left in Teacher’s own mailbox).
7. Signatures/Approvals – All Requests require a 2nd Signature. This will be from a Committee Chair, Teacher, or Principal depending on the expense.

Requestor: _____ **Teacher/Child Name:** _____

Email: _____ **Date:** _____

Payable To: _____ **Date Due:** _____

Address: _____

Check payable to: _____ Requestor OR _____ Vendor

Check should be: _____ Left in Treasurer Mailbox OR _____ Mailed to Address Above
 (Requestor will pick up)

Would you like a **payment confirmation** emailed to you? YES OR NO

Program/Event Name _____
(Please submit a separate request form for each Program/Event)

Amount requested \$: _____ **Reason for Check:** _____

1st Signature – Requestor _____

2nd Signature - Chairperson/Approver _____

For Treasurer Use Only Date Rec'd: _____ Date Pd: _____ Check #: _____ Amount: _____
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