


Woodbridge PTSA

2023-24 Reimbursement and Deposit Procedures



**Payment Authorization/
Request for Reimbursement**

ATTACH ALL ORIGINAL RECEIPTS TO THIS EXPENSE STATEMENT

Date Requested: _____ Amount: \$ _____

Check Payable To: _____

Address: _____
Check Will be Distributed at the Next Monthly Meeting Unless Other Arrangements Are Made

Phone #: _____ Email: _____

Requested By: _____ PTSA Position: _____

Description of Expenditure: _____

(Please Check Expense Category)

Administration Expenses <input type="checkbox"/> Contingency/Miscellaneous <input type="checkbox"/> District Awards Dinner <input type="checkbox"/> Insurance/Assessment - IUCPTA <input type="checkbox"/> Membership Dues _____ x \$5.50 <input type="checkbox"/> PTAEZ <input type="checkbox"/> Website Service Fundraising Expenses <input type="checkbox"/> Test Prep <input type="checkbox"/> Other: _____	Student Program Expenses <input type="checkbox"/> Academic Teams <input type="checkbox"/> Career Cafe <input type="checkbox"/> Freshman Class Donation <input type="checkbox"/> Honored Warrior <input type="checkbox"/> Legislative Action/Advocacy <input type="checkbox"/> Reflections <input type="checkbox"/> Senior Class Donation Teacher/Classroom Program Expenses <input type="checkbox"/> Mini Grants <input type="checkbox"/> Teacher Appreciation
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Approved by: _____	Check # _____
PTSA President PTSA Treasurer	Date: _____

This warrant was ratified and/or approved for payment by Executive Board or Association at a meeting held on _____

PTSA Recording Secretary

Please Direct Questions to Treasurer@WoodbridgePTSA.org


PAF Rev: 07/2022

For Reimbursement/Payment:

1. Fill out a Payment Authorization/Request for Reimbursement Form (PAF) Available in PTSA Treasurer folder and online
2. Attach all ORIGINAL receipts
3. Place in the Treasurer folder in WHS mailroom
4. Notify Treasurer – **Merritt Blake**
 - a. (949) 285-7101 cell, and
 - b. treasurer@woodbridgeptsa.org
 - c. president@woodbridgeptsa.org
5. Payments will be made once a month at our PTSA meeting
6. If payment is needed sooner, please complete all necessary paperwork and contact Treasurer to make special arrangements for reimbursement

For Deposits:

1. Cash Verification Form (CVF) Form Available in PTSA Financial Secretary folder and online
2. Complete the form in Ink or print
3. If applicable, break down categories of income
4. There is NO limit to number of checks or bills in one deposit, can use back of the form to list check numbers
5. Two members are required to separately count and sign the form.
6. Please remove all staples and stubs from checks and bills, staple stubs to the form
7. Make a copy of this form for your records
8. Place the original form with the money into a deposit pouch in Financial Secretary folder. Money must remain at school.
9. Record deposit on Deposit log (clipboard in Financial Secretary folder)
10. Notify Financial Secretary – **Julia Tam**
 - a. 310-502-3123 cell, and
 - b. finsecretary@woodbridgeptsa.org
 - c. president@woodbridgeptsa.org
11. FS verifies funds for deposit & signs form & Deposit Log
12. Deposits will be made on Thursdays
13. Financial Secretary gives Deposit slips & form to the Treasurer



Cash Verification Form

FOLLOW THE INSTRUCTIONS FOUND IN THE PTSA MAILBOX TO COMPLETE THIS FORM

Submitted By: _____ Phone: _____

Dine Out Amazon Smile Membership/Programs Donations
 Other _____ Warrior Store Kroger/Ralphs Rewards

Event: _____ Date: _____

	Coins		Currency
Pennies 1¢ X _____ = \$ _____		\$1 X _____ = \$ _____	
Nickels 5¢ X _____ = \$ _____		\$2 X _____ = \$ _____	
Dimes 10¢ X _____ = \$ _____		\$5 X _____ = \$ _____	
Quarters 25¢ X _____ = \$ _____		\$10 X _____ = \$ _____	
1/2 Dollars 50¢ X _____ = \$ _____		\$20 X _____ = \$ _____	
Dollars \$1 X _____ = \$ _____		\$50 X _____ = \$ _____	
		\$100 X _____ = \$ _____	

Write check number(s): _____ Total Coins \$ _____

Checks: Number of Checks _____ Total Currency \$ _____

PayPal: Transactions from _____ to _____ Total Checks \$ _____

Total PayPal \$ _____

TOTAL DEPOSIT \$ _____

Signatures:
 Counted and Verified By: _____
 Counted and Verified By: _____
 Verified and Deposited By: _____ Date: _____
Financial Secretary

Memberships/Programs Donations for Registration and PayPal Use

# Primary Memberships _____ X \$25	= \$ _____
# Additional Memberships _____ X \$15	= \$ _____
# Student Memberships _____ X \$15	= \$ _____
# Staff Memberships _____ X \$15	= \$ _____
Donations to Student Programs _____	= \$ _____
Donations to Teacher/Classroom Programs _____	= \$ _____
Warrior Store _____	= \$ _____
Grand Total _____	= \$ _____
PayPal Fees (subtract from Grand Total) _____	= \$ _____

C17 Rev: 07/2022