PACT Request for Event Pay
(Due at least 1 month <u>prior to pay period</u>, before the event)
Transportation must be arranged prior to finalizing arrangements

Staff	Area/Class_	Date Rec	Date Requested	
Date of Event:	Advance Money needed by date:			
Check Type of Event: $\Box$ Field Trip $\Box$	Family Event	t		
Transportation needs have been discussed	ed with Transpo	ortation Coordinator (# of buse	es, schedule, etc.) Y N	
Itemize Cost of Event:			Estimate of Cost	
1) Cost of Food & # of Attendees: (Lis	t name of food ite	ems) Drink choice: milk or juice.		
			\$	
2) Coat & Description of Activity				
2) Cost & Description of Activity:				
			\$	
Advance money requested? Yes	No		Total estimate	
If yes, a check will be made payable to staff.	(Remember to use	e Tax Exempt Letter)	\$	
HS Field Trips only: \$75.00 for Home-Base	and \$100.00 for C	Center-Base.		
Supervisor Signature:		Date:		
To Be Completed by <u>Teacher/Family</u>	Advocate & si;	gned by Supervisor after the	e event: (Attach receipts)	
Original dollar amount Staff Received	l from PACT	\$		
Name of Business		Amount Paid		
1		\$		
2		\$		
Is Tax included in the total expense?	Yes No_	\$	Total Expenses	
Balance owed to Staff \$		Amount due to PACT	\$	
Supervisor Signature:				
CB-Before the event – the SS forwards copies <i>Field T</i> CB-After the event - the SS forwards original <i>Reques</i> HB Teacher - Attach original request to your original Family Advocates – Attach original request to your original	t for Event Pay with FT plan and send to	receipts attached to Fiscal Officer. o supervisor for approval.		
Do not complete below this line: Fisca	l Office use on	<u>ly:</u>		
Amount returned to PACT \$		Date		
Approved by(Fiscal Officer's Signature)		ED HB/0	CB 6/15	