



PFA President Initials _____
Check Signer Initials _____

**PARENT – FACULTY ASSOCIATION  
Request for Funds**

**Please check appropriate box:**

- Request for reimbursement       Request for Purchase Order  
 Request for vendor payment      *(for authorization to bill PFA account)*

Date of Request: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_

Payee/Vendor Name: \_\_\_\_\_

Requested by: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*\*(If requesting a reimbursement, please include **copy (not originals)** of receipt(s) with this form)*

Reimbursement/Funds/Payment for which event(s): \_\_\_\_\_  
 \_\_\_\_\_

Special Instructions \_\_\_\_\_

Please mail or drop-off funds request and receipt(s) to:

Tiana Alcoran  
 c/o La Pietra  
 2933 Poni Moi Road  
 Honolulu, HI 96815

<b>The PFA President must initial in the box above right, before submitting.</b>
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Please check if you would like reimbursement check:

- to be mailed      or       will be picked up in the main office

**Accounting Use Only**

Check/PO # \_\_\_\_\_

Date Mailed \_\_\_\_\_

Amount \_\_\_\_\_

Date Picked-Up \_\_\_\_\_

Date Issued \_\_\_\_\_

Signature \_\_\_\_\_

Issued To \_\_\_\_\_  
 \_\_\_\_\_

Print Name \_\_\_\_\_