

## PTA Reimbursement/Check Request Form

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # or E-Mail: \_\_\_\_\_

Committee/Event: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Indicate where check should be sent (check one):  Put in my box at school

School office: (will pick up)  Other/Mail to:

\_\_\_\_\_

- Submit this completed form with the original invoice/receipt(s) to the Treasurer. **All reimbursements must have receipt or invoice.**
- Payment requests need to be turned in within 30 days of expenditure.
- You must cash reimbursement checks within 60 days or check issued date to assure payment.
- A copy of this form and receipt/invoice must be filed in the appropriate committee section in the Treasurers records.

Date	Invoice #/Retailer/Itemized Items	Amount
Total:		

### Treasurer's Use Only

Check date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Mthly Statement/Check Cleared: \_\_\_\_\_ Budget Updated: \_\_\_\_\_