

REIMBURSEMENT/CHECK REQUEST FORM

- All reimbursements must have receipt or invoice.
- ☼ Please attach original receipts and/or purchase order and back-up documentation and submit to Treasurer.
- A Payment requests must 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 Treasurer's records.

Requestor's Name:	the Treasurer's records.								
Phone Number: Committee/Event: Approved By: Check Payable To: Indicate where check should be sent (check one): My PTSA Mailbox Mail To: X Other: Will pick up at PTSA Office Chairperson: Approvals Chairperson's Signature: Approved By: President's/ Treasurer Signature: Signature: Receipts/Invoices Date: Amount S Amount S S S S S S S S S S S S S	Requestor								
Committee/Event: Approved By: Check Payable To: Indicate where check should be sent (check one): My PTSA Mailbox Mail To: X Other: Will pick up at PTSA Office Chairperson: Approvals Chairperson's Signature: Approved By: President's/ Treasurer Signature: Receipts/Invoices Date: Namount Second Invoice# Vendor/Itemized Items Amount \$\$\frac{1}{5}\$	Requestor	r's Name:		Date:					
Approved By: Check Payable To: Indicate where check should be sent (check one): My PTSA Mailbox	Phone	Number:		Email:					
Check Payable To: Indicate where check should be sent (check one):	Committe	ee/Event:							
Indicate where check should be sent (check one): My PTSA Mailbox	Аррі	roved By:		Date:					
□ My PTSA Mailbox □ Mail To: X Other: Will pick up at PTSA Office Approvals Chairperson: Date: Approved By: Date: President's/ Treasurer Signature: Signature: Receipts/Invoices Date: Invoice# Vendor/Itemized Items Amount \$ \$ \$ <td>Check Pa</td> <td colspan="5">Check Payable To:</td> <td></td>	Check Pa	Check Payable To:							
□ Mail To: X Other: Will pick up at PTSA Office Approvals Chairperson: Approved By: Approved By: President's/ Treasurer Signature: Receipts/Invoices Date: Invoice# Vendor/Itemized Items Amount \$	Indicate where check should be sent (check one):								
X Other: Will pick up at PTSA Office Approvals	□ My PTSA Mailbox								
Approvals Chairperson's Signature: Date: Approved By: Date: President's/ Treasurer Signature: Receipts/Invoices Date: Invoice# Amount \$ \$ Invoice# Vendor/Itemized Items Amount \$ \$ \$	□ Mail To:								
Chairperson's Signature: Approved By: President's/ Treasurer Signature: Receipts/Invoices Date: Amount \$ \$ Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	X Other:	Will pick up a	t PTSA Office						
Chairperson's Signature: Approved By: President's/ Treasurer Signature: Receipts/Invoices Date: Invoice# Vendor/Itemized Items Amount \$			Approv	als					
Approved By: President's/ Treasurer Signature: Receipts/Invoices Date: Invoice# Vendor/Itemized Items Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Chairperson:		Date:			Date:			
President's/ Treasurer Signature: Receipts/Invoices Date: Invoice# Vendor/Itemized Items Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Chairperson	's Signature:							
President's/ Treasurer Signature: Receipts/Invoices Date: Invoice# Vendor/Itemized Items Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Approved By:					Date:			
Receipts/Invoices Date: Invoice# Vendor/Itemized Items									
Date: Invoice# Vendor/Itemized Items \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Signature:							
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Receipts/Invoices								
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Date:	Invoice#	Vendor/Itemized Item	S			Amount		
\$ \$ \$ \$							\$		
\$ \$							\$		
\$							\$		
Total:							\$		
						Total:			

FOR TREASURER'S USE ONLY						
Check Date:		Check Number:				
Amount:		Budget Category:				
Treasurer's Initials:		Budget Updated:				