

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.
- ☆ 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

Requestor's Name:		Date:	
Phone Number:		Email:	
Committee/Event:			
Approved By:		Date:	
Check Payable To:			
Indicate where check should be sent (check one):			
<input type="checkbox"/> My PTSA Mailbox			
<input type="checkbox"/> Mail To:			
<input checked="" type="checkbox"/> Other: Will pick up at PTSA Office			

Approvals

Chairperson:		Date:	
Chairperson's Signature:			
Approved By:		Date:	
President's/ Treasurer Signature:			

Receipts/Invoices

Date:	Invoice#	Vendor/Itemized Items	Amount
			\$
			\$
			\$
			\$
			\$
Total:			

FOR TREASURER'S USE ONLY

Check Date:		Check Number:	
Amount:		Budget Category:	
Treasurer's Initials:		Budget Updated:	
Monthly Statement/Check Cleared:			