

Check or Reimbursement Request



Date _____ Requested By _____

Amount \$ _____

Check to Third Party Reimbursement

Description of Expenditure

Make Check Payable to _____

Check delivery instructions:

- Mail Check to Third Party
- Send Check Via Backpack
- Mail Check to Requestor

Delivery detail (mailing address, c/o name and room number, etc.)

Approval Signatures

X _____ Date _____

X _____ Date _____

Committee Chair or Principal

PTA President(s)

- All requests must be accompanied by **ORIGINAL** receipts or invoices
- All reimbursement requests in excess of \$75 need two approvals

Treasurer's Information

Check Number _____ Dated _____ Budget Line Charged _____