

PLEASE PRINT!

Date: Telephone #: E-mail address:

Name of Requestor: Please check your budget! Do you still have money available to spend?

Make Check Payable to:

Date Check is Needed/Due Date:

Check one of the following:

- Mail as addressed above with attached invoice
Return to my PTA folder

To save postage, reimbursement checks will be put in PTA folders unless you request otherwise.

Table with 4 columns: Inv. Date, List of items purchased, Account, Amount

Subtotal from reverse:

Please list additional items on back

PLEASE ATTACH INVOICES, PURCHASE ORDERS OR RECEIPTS.

Total Amount

*REMEMBER: The PTA can not reimburse for state sales taxes paid

Requestor's Signature/Date:

COMMENTS TO THE TREASURER:

V.P. or President Approval/Date:

Treasurer's Notes: Invoice Received, Date Paid, Check Number, Amt Paid, Account Charged

PLEASE NOTE:

- incomplete forms will be returned and could result in delay of payment
- sales tax will NOT be reimbursed
- applicable receipts/invoices must be attached (neatly, please!)
- requestor's and relevant VP/President approval required