

Request for Reimbursement or Third Party Check

Date: _____

Amount: _____

Reimbursement •
(Must attach ALL receipts)

Check Request •
(Must attach order invoice)

Name: _____

PTA Committee: _____

Phone Number: _____

Email: _____

Budget Category (e.g. Santa Breakfast, Spring Carnival): _____

Reason for expense (e.g. food, bouncy house): _____

Check Payable to: _____

Delivery Method:

• Pick up from PTA File Cabinet Folder

• Mail to: _____

Address: _____

Please Note: Third party check requests must be made at least one (1) week in advance of when you need it sent. Please allow up to five (5) business days for reimbursement. This form must be accompanied by original receipt(s) or original invoice(s). **NO CHECKS** will be written without necessary paperwork. All items on receipt should be PTA expenses. Personal expenses should be on a separate receipt. No photocopied receipts will be accepted without prior approval.

For Treasurer's Use Only:	Approved By: _____
	Approved By: _____
Date Received: _____	
Date Paid: _____	Amount & Check #: _____
Date Sent to Requested Party: _____	
Date Placed in Cabinet Folder: _____	