



## Check Request/Reimbursement Form

- Attach all receipts to this form for any purchases.
- Attach all invoices and copies of signed contracts, if applicable.
- Reimbursements will only be given upon completion of this form as this will enable the co-treasurer to keep the required records of all PTA funds spent.
- **Please submit within 30 days of expenditure.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Committee: \_\_\_\_\_ Amount of check requested: \$ \_\_\_\_\_

Explanation of what money was used for: \_\_\_\_\_  
\_\_\_\_\_

Signature of person requesting check: \_\_\_\_\_

Where to send check:

1. Put check in PTA office in file marked Reimbursement Checks: \_\_\_\_\_
2. Put check in teacher/specialist school mailbox: \_\_\_\_\_
3. Mail check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### For Co-Treasurer's Use Only

Payee: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Accounting: \_\_\_\_\_  
\_\_\_\_\_

Co-Treasurer Signature: \_\_\_\_\_