PTA REIMBURSEMENT/CHECK REQUEST FORM 2017-2018

Instructions:

- *Complete this form in its entirety*
- *Attach all receipts or invoices (checks will not be processed without receipts or invoices attached)*
- ***SIGNATURE REQUIRED** Sign the form in the space marked "Signature of Submitter".*
- *Scan SIGNED form and any attachments and email to ptatreasurer@esms.org*

SUBMITTED BY Name:	Date Submitted:
Event Chairperson:	Contact Email/Phone Number:

Check payable to: ______________________________

Address to mail check to: ______________________________
(or backpack to)
____

Amount of Check: ________________

Date Needed: ________________

Event, program, project or purpose check is for:

____

SIGNATURE REQUIRED BELOW

Signature of Submitter:______________________________

PTA Officer or PTA Chairperson approval:______________________________

>>
(For treasurer's use only)

Check #_____________ Date Paid_____________ Budget line item charged:_____________