

CHECK REQUEST / REIMBURSEMENT FORM

PAYABLE TO: _____ TOTAL DUE (less tax): \$ _____
 TODAY'S DATE: ___ / ___ / ___ CHECK DUE DATE: ___ / ___ / ___
 COMMITTEE: _____ EVENT DATE: ___ / ___ / ___
 Committee Chair Submitted by: _____ Signature: _____

Phone: _____ Email: _____

REQUEST FOR: PAYMENT to vendor, supplier, petty cash advance, etc...
 REIMBURSEMENT of committee expenses

ITEM(S) DESCRIPTION/PURPOSE: _____
 (supplies, food, decorations, performer, etc...)

LIST EXPENSES/RETURNS BELOW (*do not include tax*):

STORE	DATE	ITEM(S)	AMOUNT
			\$.
			\$.
			\$.
			\$.
			\$.
			\$.
			\$.
			\$.

TOTAL PAID: \$ _____

PLEASE: Leave Check in PTA mailbox, Attn: _____
 Mail Check to vendor, supplier, me (list full mailing address below)
 Call me to come pick up check (will use phone/em above)

ADDITIONAL INFORMATION: _____

INSTRUCTIONS:

1. Submit check request (PTA mailbox) **at least one full week BEFORE due date.**
2. Reimbursements must be handed in within 2 WEEKS of receipt date or within 1 WEEK of event end to assure payment.
3. Include original invoice and/or receipts. No check will be issued without them.
4. Keep a copy for your records
5. Include an additional copy with original, if it needs to be mailed with the check
6. PTA is a Tax Exempt organization and cannot reimburse tax. See treasurer for tax-exempt form BEFORE purchasing.

DATE RECEIVED BY TREASURER: ___ / ___ / ___

DATE CHECK ISSUED: ___ / ___ / ___

SIGNATURE: _____

PRESIDENT

TREASURER