



**Check Request/Reimbursement Form
2015-2016**

**Please staple all original receipts / invoices to this form
(Requests will not be processed without original documentation & must be turned
in within 30 days of expenditure)**

Date: _____

Amount: _____

Check payable to: _____

Mailing Address, if applicable: _____

PLEASE NOTE: If you are a Mabry Committee Chair or Committee Member, your reimbursement check will be placed in your front office committee hanging file or in the file marked 'Mail Received from Treasurer', respectively.

Committee: _____

**Description of
Item(s) Purchased:** _____

Name of Event/Activity: _____

Date of Event/Activity: _____

Your name: _____

* _____
PTA Committee Chair

* _____
PTA Officer Liaison

*** In order for this to be paid, both signatures must be present before given to Treasurer.
If you are not sure who the Committee Chair is please see the PTA Sub-Committees Form.**

***** Checks are cut on the 1st and the 15th of the month. ***
Must be cashed within 60 days**