

# Kennydale PTA

## Check Request/Reimbursement Form

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

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

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

Committee/Budget Line:	Items:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Amount:</b>		\$ _____

**Committee Chair**  
Signature: \_\_\_\_\_

Board approval is required prior to committee purchases. Bills will not be paid without this form filled out completely. Attach all receipts to this form.

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**The Bottom half is Completed by the Treasurer**

<b>Check #</b>	<b>Check Amount</b>	<b>Check Date</b>
_____	\$ _____	_____

Treasurer's Signature: \_\_\_\_\_ Entered: \_\_\_\_\_