



CHECK REQUEST / REIMBURSEMENT FORM

Rose Hill Middle School PTSA
For the 2015-2016 School Year

1. Please fill out this check request form and **attach all receipt(s)** to this form.
2. **Itemize your receipts** below and indicate what expense categories are being charged.
3. Have your **committee chair/officer sign** at the bottom.
4. Place in the **Treasurer's mail slot**. Allow 5-7 days for reimbursement.

Date: _____ Check Payable To: _____

Your Name: _____ Email: _____ Phone: _____

Please select one:

- Please mail the check to (address): _____
- Please put this check into the _____ PTA committee folder.
- Other: _____

1. Budget Category: _____ \$ _____
Description of why and what was/will be purchased:

2. Budget Category: _____ \$ _____
Description of why and what was/will be purchased:

3. Budget Category: _____ \$ _____
Description of why and what was/will be purchased:

4. Budget Category: _____ \$ _____
Description of why and what was/will be purchased:

(Use the back if you have more than 4 itemized expenses)

Total amount of all attached receipt(s):

\$

Committee Chair/Officer's signature: _____ Date: _____

(Note: This form must be filled out completely and signed by the committee chair in order to receive a reimbursement.)

If you have any questions, please contact Lynda Speicher, Treasurer at ljspeicher@frontier.com

For Treasurer's Use Only:

Date: _____ Check Number: _____ Amount \$ _____

Budget Category: _____