

**Check Payable To:** 

**Mailing Address:** 

Your Name:

Telephone:

## PAYMENT REIMBURSEMENT This Form: & CHECK REQUEST FORM 1. Use this f to type the

How	to	Fill	Out	

1. Use this fillable form information, or print out and handwrite.

eck Payable To: our Name:			-	□ Leave in office □ Contact to arrange delivery	2. Name / PTA position - write your name and position.  3. Address - The purpose is to let the treasurer know how to get the reimbursement to you, either by mail, classroom, your child, etc.  4. Date - The date of	
lephone:		Email:			expenditure  5. Budget Category - Which line on the budget	
Attach original receipts/invoice	e to this form. One receipt per line.	Send to: treasurer@willrogerspta.	.com or leave in th	e PTA mailbox in the office	does this purchase go against.	
Date	Budget Category	Items Purchas	ed	Amount	6. Item Purchased - What Items did you purchase.	
				\$	7. Amount - How much did you spend.	
				\$	8. You may include multiple receipts on one expense report.	
				\$	9. Add your purchases up, and staple your original receipts to the back of this form.	
				\$	10. Place form in locked box on wall of front office labeled "PTA Box".	
				\$	11. Expenses need Exec Board approval and	
				\$	Association ratification. Checks are generally written monthly.	
				\$	Please contact treasurer@willrogerspta.com if you have questions.	
our				\$	All reimbursement requests must be submitted before June	
ignature:		DATE:	Total		30th of the applicable fiscal year.	
PTA Treasurer Use:  Association-approved activity					All expenses need to be approved by the Program VP prior to	
ate funds released by Associatio		Date Exec Board approved expen	diture:		submission.	
Check Number	Check Amount	Check Date				
					1	

				\$ 9. Add up, an
				\$ origina back o
				\$ 10. locked front o
				\$ Box".
				\$ Exec B Associ
				\$ Check
				\$ Please of treasure if you ha
				\$ All re
Your Signature:		DATE:	Total	subm 30th fiscal
For PTA Treasurer Use: Association-approved activity				All expansion
Date funds released by Association	on:	Date Exec Board approved expe	nditure:	 Progra submi
Check Number	Check Amount	Check Date		
President Signature:			Date:	
Program VP Signature:			Date:	
Recording Secretary Sign	nature:		Date:	
				Last Upda