

PTA Name \_\_\_\_\_

**Request For Check Reimbursement**

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

Phone number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

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

Date of Purchase(s): \_\_\_\_\_

Place(s) of Purchase (List all stores, vendors): \_\_\_\_\_

Reason (List Items needed and Activity or Program purchase is for: \_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_

**(All receipts must be attached)**

**For Treasurer's Use Only**

Budget Category: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Date Posted: \_\_\_\_\_

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