



EXPENSE REIMBURSEMENT / CHECK REQUEST FORM

This form is to be used to reimburse expenditures made on behalf of the PTA. **The PTA Treasurer must receive this form no later than 30 days after the purchase (or the last day of school, whichever is sooner).** Reimbursement requests that are not submitted within 30 days may not be reimbursed. All purchases being submitted for reimbursement should be approved in advance by the PTA Treasurer before the purchase is made.

Is this reimbursement for a previously approved Teacher & Staff Grant? ☐ Yes ☐ No

Requestor's Name		Date Requested:	
Requestor's Email:		Requester's Phone:	
For what purpose/event was the purchase made? Please include the date of the event, if applicable.			

Description of Expenditure(s)	Budget Line Item (PTA Use Only)	Amount
Total Requested for Reimbursement:		

**** ATTACH LEGIBLE RECEIPTS SUBSTANTIATING THIS REQUEST.**

Make PTA Check Payable to: _____

Deliver check to: _____

**** FOR TREASURER USE ONLY ****

Signature of Treasurer

Signature of President

Budget Line Item: _____

Ch Amount: _____

Ch Number: _____

Ch Date: _____

Delivered: _____