

KINGSVIEW PTSA
CHECK/REIMBURSEMENT REQUEST

Please check ONE of the following:

- ☐ Check Request – Please attach support for the amount requested
☐ Reimbursement – Receipts MUST be attached

Note: Please return to the treasurer's box. Allow TEN BUSINESS DAYS from the date submitted. If you have questions, please e-mail at treasurer@kmspts.org

Date: _____ Submitted by: _____ Phone: _____

Payable to: Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

In the Amount of: \$ _____

Budget category(s) to be charged (if unknown, please note purpose of expense):

Check disposition (please choose one): ☐ Return to Submitter ☐ Forward to Payee

For treasurer's use only:

Approved by: _____

Signature: _____

Title: _____

Approved by: _____

Signature _____

Title: _____

Amount Paid: \$ _____ Date Paid: _____ Check Number: _____