



PAYMENT REIMBURSEMENT & CHECK REQUEST FORM

How to Fill Out
This Form: _____

1. Use this fillable form to type the information, or print out and handwrite.
 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 expenditure
 5. Budget Category - Which line on the budget does this purchase go against.
 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.
- All reimbursement requests must be submitted before June 30th of the applicable fiscal year.
- All expenses need to be approved by the Program VP prior to submission.

Check Payable To: _____

Leave in office

Your Name: _____

Contact to arrange delivery

Mailing Address: _____

Telephone: _____

Email: _____

Attach original receipts/invoice to this form. One receipt per line. Send to: treasurer@willrogerspta.com or leave in the PTA mailbox in the office

Date	Budget Category	Items Purchased	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Your Signature: _____ DATE: _____ Total

For PTA Treasurer Use:

Approved Budgeted Expense _____ Date Association Released Funds or Exec Board Approved Expense*: _____

Prior payments this FY for each line item: _____

Check Number	Check Amount	Check Date	Date Check Sent: _____
			Date Recorded in PTEZ: _____

President Signature: _____ Date: _____

Program VP Signature: _____ Date: _____

Recording Secretary Signature: _____ Date: _____