

Eastgate PTA

Check Request/Reimbursement Form

Please attach all receipts to this form for any purchases. **Please attach all invoices** and copies of signed contracts if applicable. Reimbursements will only be given upon completion of this form as this will enable the treasurer to keep the required records of all PTA funds spent. **Please submit within 30 days of expenditure.**

Date: _____

Name: _____ Phone number: _____

Committee/Office: _____ Amount of Check Requested: \$ _____

Explanation of what money was used for: _____

Signature of person requesting check: _____

Where to send check:

1. Put check in PTA office in file marked Reimbursement Checks: _____

2. Put check in teacher/specialist school mailbox: _____

3. Mail check to: Name: _____

Address: _____

(Please do not write below this line. For Treasurer's use only.)

Payee: _____

Check Date: _____

Check Amount: _____

Check Number: _____

Accounting : _____

Treasurer Signature: _____