Christa McAuliffe PTSA

PAYMENT/EXPENSE REIMBURSEMENT REQUEST

- All requests for payment or reimbursement must be submitted using this form; all receipts and/or invoices must accompany the completed form.
- Please deliver completed form with receipts and/or invoices attached to the PTSA Treasurer's mailbox. Forms will be picked up from the Treasurer's mailbox weekly.
- All PTSA reimbursement checks require two signatures - please allow enough time when planning purchases and reimbursements.
- If there is immediate need for reimbursement or payment, please contact the PTSA Treasurer or PTSA President directly.

Amount:	Date:
Committee/Event:	
Committee/Event Chair:	Chair Signature:
Description of Expense:	

Payee (Company/Individual):	
Phone Number:	Email:
Address:	

Your Information, if Different from Payee:	
Your Name:	
Your Phone Number:	Your Email:
Your Address (if you would like check mailed to you):	

Deliver check to:

- ☐ Payee by US Mail
- ☐ You by US Mail
- ☐ Other: _____

TREASURER USE ONLY

Account Charged:	Date Check Issued:
FY Budget for Account:	Check Number:
Budget Balance after Charge:	Check Amount:
	Entered into Quicken:

Board member signature: