

# LEESVILLE PTA Check Request/Reimbursement Form

Please complete within 30 days of expenditure.

**Date Submitted:** \_\_\_\_\_

**Committee/ Line Item Name:** \_\_\_\_\_

*(Only one line item per form)*

**Check made payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

DATE	Store/Vendor Name	Item Description	Amount

**Total Reimbursement** \_\_\_\_\_

**How would you like to receive your check? (check one)**

- Mail to the above business
- Pick up from Treasurer
- Teacher Mail Box (Teachers Only)
- Mail to my home (must include self-addressed, stamped envelope with request)
- Send home with my child - Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach ORIGINAL receipts to the BACK of this form. Place completed form in the PTA Treasurer's folder (Front Office, PTA filing cabinet).**

**Treasurer's Use Only**

Check #	Amount	Date Disbursed

Please retain a copy for your records