



## CHECK REIMBURSEMENT REQUEST FORM

*Original receipts or invoices must be attached. Submit check requests to committee chair.  
Attach receipts to upper right corner. Email jessiegaopta@gmail.com for any questions.*

PTA: Henderson International School PTA

Fiscal Year: 2019 - 2020

Name to Appear on Check: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Teacher's name if any: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Total amount requested: \_\_\_\_\_

Signatures: Submitted By: \_\_\_\_\_

Committee Chair Approval: \_\_\_\_\_ President's Approval: \_\_\_\_\_

**FOR TREASURER'S USE**

Treasurer's Approval: \_\_\_\_\_ Date Written: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Check Number: \_\_\_\_\_