

Sierra Heights Elementary PTSA

Check Request / Reimbursement Form

Event chair person must approve all expenditures before reimbursement. Chair approved requests shall be reimbursed so long as funds are available under line item in the current budget. Chairperson, please verify available funds before making purchases. Receipts, bills and/or invoices must be attached for reimbursement.

Date Submitted: _____

Committee / Event: _____

Make Check Payable To: _____

Mailing Address: _____

Reimbursement Details

Where Expense was Incurred	Item(s) Purchased	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Amount Requested:		\$ _____

Requested By: _____ Phone: _____

Committee Chair Approval: _____ Date: _____

Return completed form and receipts to Treasurer

Do not write below this line – Treasurer’s Use Only

Check #: _____ Check Date: _____ Amount: \$ _____

Treasurer’s Signature: _____ Mailed on _____

Delivered on _____

Entered in Money Minder