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 Coordinator 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 ❑

Sierra Heights Elementary PTSA
EFT / Direct Payment Monthly Log

The following payments were delivered through Electronic Funds Transfer (EFT) or Direct Payment as required for some businesses and approved by the Executive Committee and general members. Available documentation may vary by company, but should be attached to this log for verification by the financial audit committee.

Direct Payments for the month of _____

Payment Details

Pymt Date	Payment was Made to	Budget Area	Amount	MM*
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑
_____	_____	_____	$_____	❑

MM = Money Minder; a check in the box indicates that transaction was recorded in Money Minder.

Verified by:

Verification Signature #1 _____ Date _____

Verification Signature #2 _____ Date _____

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

Record any notes about this/these deposit(s) that may be relevant during year-end financial audit.

Treasure's Signature _____ Each line's documentation is attached ❑

All items were entered in Money Minder ❑