

Reimbursement-Expense Form
Check Request Form
J.E.B. Stuart HS PTSA for Justice High School
treasurer@stuartptsa.org

NAME: _____ DATE: _____
Name of Check Made Payable to:

ADDRESS: _____

EMAIL: _____ PHONE: _____

	Date	Description/Purpose/Event	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
Total Reimbursement Amount			\$

SUBMITTED BY: _____ DATE: _____
Signature - Person Submitting the Form

APPROVED BY: _____ DATE: _____
Signature - PTSA Board member #1

APPROVED BY: _____ DATE: _____
Signature - PTSA Board member #2

Instructions:

Attach each receipt with date, description, purpose, and/or event; and the amount to be reimbursed. NAME is the person the check will be made payable to. SUBMITTED BY is the person completing the form. All reimbursements require approval signatures by PTSA Board member with signature authority. Receipts must be submitted for reimbursement within 14 calendar days of the event or date of expense.

OFFICE USE ONLY

Check #:	Date:
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