

**Reimbursement-Expense Form**  
**Check Request Form**  
**Justice HS PTSA**  
[treasurer@justicehsptsa.org](mailto:treasurer@justicehsptsa.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			\$
<b>Total Reimbursement Amount</b>			<b>\$</b>

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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