



Check Request/ Reimbursement Form

Please staple all documents to the BACK of form. Requests will not be processed without original documentation & must be turned in within 30 days of expenditure.

Date Requested: _____ Amount: _____

Check Payable to: _____

Mailing Address: (if applicable) _____

***NOTE: Hand delivered checks will be placed in copy room.
Teacher's checks will be placed in their school mailbox.***

Committee: _____

Budget Line Item: _____

Item(s) Description such as name/date:

Prepared by: _____

Approved by:

PTA Committee Chair

DATE

PTA Officer Liaison

DATE

Print Name: _____

Print Name: _____

Place completed forms with both authorizing signatures in Treasurer's box in copy room. Please allow **TWO WEEKS** for processing. Checks must be cashed within 60 days. Questions: mabrytreasurer@gmail.com

Office Use:

Payment Method: Check _____ Online _____

Payment Delivery: _____ Notes: _____