



**Mary E. Bryant Elementary PTA
Reimbursement/Check Request**

Requestor:	
Pay to the order of:	
Amount:	
Today's Date:	

This is a:

- Check Request (must be accompanied by an invoice or quote)
- Reimbursement Request (must be accompanied by a receipt, attached to back)

How would you like your check?

- In my school folder
- By mail

Address: _____

Committee (check one):

- Programs
- Membership
- Ways & Means
- Volunteers
- Fifth Grade Committee
- Other

Event (or other): _____

Description of items purchased: _____

-
- I have attached the receipts to support my reimbursement/check request and have verified that this amount is within the budgeted expense amount for this event.

Your signature

PTA Executive Board signature

***** Checks will be processed on the 15th and 30th of each month. *****

For Treasurer's Use Only

Date Paid _____

Check # _____

Amount _____

Verification _____

Revised 9/2013