MEAD PTSA CHECK REQUEST AND/OR REIMBURSEMENT VOUCHER

1. Staple all receipts to the back of this form for reimbursement
2. Please provide documentation for check request if possible
3. Don't forget to sign this form
4. Return to PTSA President for 2nd signature

PTSA President will route to Treasurer for reimbursement

Date:_____

Event or activity:_____

Pay to the order of:_____

Signature of Chair/Staff requesting reimbursement:

_____SIGN HERE

Signature of PTSA President:

_____SIGN HERE

Checks will not be sent home via your child unless you specifically request it.

This check should be:
☐ Placed in my committee folder.
☐ Placed in the attached envelope (Envelope must be addressed by person requesting the check).
☐ Other_____

Treasurer use only:

☐ Entered in financial software

Check #_____

Check date: _____

Amount: _____

Audit: _____

Receipt date	Vendor/business	Items purchased	Total