

Oak Grove Elementary School PTA Request for Reimbursement or Payment

Date: _____

Instructions: Please fill out this form completely and staple any receipt(s) for reimbursement or invoice for payment to the back of this form. Place the completed form with attachments in the manila envelope marked "PTA Treasurer" located in the silver slotted files near the die cut machines in the mailbox room. Checks are issued for funds approved at a PTA meeting.

Name of Person Requesting Check: _____

Event/Activity: _____

Name of Event Chair: _____

Event Date: _____

I'm requesting reimbursement for \$_____ for the following authorized expenses:

Please issue a check for \$_____ payable to:

Name of person/company: _____

Address: _____

Phone Number: () _____

Payment is due to person/company by: _____

Disbursement:

Please leave the check for me to pick up in silver slotted files.

Please mail check to person/company above.

Other: _____

For Treasurer's Use:

Check Number: _____

Check Date: _____

Date Approved in PTA Meeting Minutes: _____

The Treasurer of Oak Grove Elementary School PTA is authorized to write a check for this request.

President

Recording Secretary