

REIMBURSEMENT/ CHECK REQUEST ECC PTA

All reimbursement/check request forms should be submitted to the PTA Treasurer, Sara Sullivan. If you have questions please contact Sara at sara.sweeney23@gmail.com. Completed forms can be submitted to the Treasurer’s PTA mailbox in the teacher workroom.

Please attach to this form all receipts or invoices pertaining to the reimbursement request. Receipts must total the entire amount requested for reimbursement. Please show the total on the receipts and how it equals the total on this form. Written checks are void after 90 days; please cash them promptly.

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| --- |
| Name of requestor:  |
| Check written to: |
| Address to send check (or PTA mailbox): |
| Requestor’s telephone number: |
| Requestor’s e-mail address: |

|  |  |  |
| --- | --- | --- |
| Account/ Program | Amount | Receipt Attached (Y/N)  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Amount Due |  |  |

For PTA Treasurer Use Only:

\_\_ Membership approved activity \_\_ Funds released by membership

\_\_ Executive Board approved expenditure

|  |  |  |  |
| --- | --- | --- | --- |
| Check Number | Amount Paid | Date Paid | Expense Category |

President’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recording Secretary’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_