STILLWATER ELEMENTARY PTSA 2019-2020 REQUEST FOR REIMBURSEMENT/CHECK REQUEST FORM

Date:				
Budget Line Item(s) and Committee Chair(s):				
Is Committee Chair Av	ware of Purchase:			
Requested By:				
Make Check Payable T	·o:			
Address (if check need	ls to be mailed):			
Budget Line Item	Vendor	Item Description	Amount	
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				\dashv
				\dashv
*Please attach receip		TOTAL		
Requested by Signature:			Date	
President Signature:			Date	
		by the President and the person requesting reimbur		
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-		eceipts to President. If not in person, please noti sent to Treasurer for the check. You will be notifi		FSA folder. Once
Treasurer: Rachel DelCar		President: Monique Linz	,	
Phone: 206-579-9120		Phone: 425-322-6308		
Email: tres@stillwaterpts	sa.org	Email: president@stillwaterptsa.org		
For Treasurer Only:				
Date Receive	ed:			
Date Check Written:			Chac	:k #:
Treasurer Signatu			Check Amo	unt:
Note Entered in MI				
Littered iii ivii	.vi.			