STILLWATER ELEMENTARY PTSA REQUEST FOR REIMBURSEMENT/CHECK REQUEST FORM



PROCEDURE:

Provide copies of all receipts with this form and indicate budget line item per receipt.

Date:				2. PTSA purchases MUST be
Budget Line Item(s):			Amount:	on their own receipt. Please do not combined personal
Budget Line Item(s).				purchases and PTSA Purchases. If combined
Is Committee Chair Av	ware of Purchase:			personal and PTSA
December 1				purchases onto one receipt, you will forgo receiving
Requester:	PTSA/Leadership	p Member Teacher/Staff	<u>r</u>	reimbursed for any sales
Requested By:		- <u></u>		tax. 3. Completed Request with
				receipts can be emailed to
Make Check Payable ⁻	Го:			Chelsea at tres@stillwaterptsa.org.
Address (if check need	ds to be mailed):			Allow a minimum of 1 week for check processing.
				jor eneck processing.
Budget Line Item	Vendor	Item Description	Amount	For Treasurer Use
				
	 			\dashv
	+			
				_
			TOTAL	
			TOTAL	
Requested by Signati	ure:		Date	
		CHECK APPROVAL		
Date Received:			Approval:	YES or NO
Date Issued:			Check #:	
Entered in MM:			Check Amour	nt:
Notes:				

CUTCV ADDDOVAL	
CHECK APPROVAL	
Approval: YES or NO	
Check #:	
Check Amount:	
·	
President's Signature:	