

Routing: 1. _____
 PTA President for Approval
 2. PTA Treasurer for Check



Date needed: _____
 (to be used ONLY if vendor requires advance payment – please submit vendor quotation and allow sufficient time to process)

SUNSET ELEMENTARY PTA
 Request for Check Reimbursement

Date _____ Check payable to _____
 (please print name)

Deliver Check To _____

Amount _____ Budget Category _____

Reason _____

Please attach all original receipts.

Submitted by _____ Phone # _____ Committee Chair _____

Note: In general, checks are issued twice a month, on the 1st and the 15th. Thank you for your patience.

For Treasurer's Use Only

Budget Category _____ Amount _____

Budget Category _____ Amount _____

Budget Category _____ Amount _____

TOTAL _____

Check # _____	Date Paid _____	Treasurer's Initials _____
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Revised 8/3/09

