

## Thomas Jefferson Elementary PTA Reimbursement/Check Request Form

Requestor's Name: \_\_\_\_\_ Date \_\_\_\_\_

Phone # or Email \_\_\_\_\_

Committee/Event \_\_\_\_\_

Check Payable To \_\_\_\_\_

Indicate where check should be sent (check one):

Put in my box at school                       School office (will pick up)

Other/Mail to \_\_\_\_\_

Submit this completed form with the original invoice/receipt(s) to the treasurer's box.  
 All reimbursements must have receipt or invoice.  
 Payment requests need to be turned in within 30 days of expenditure.  
 You must cash reimbursement checks within 60 days or check issue date.

Date	Invoice/Retailer/Itemized Items	Amount
	<b>TOTAL</b>	

**Treasurer's Use Only**

Check date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Cleared \_\_\_\_\_ Budget Updated \_\_\_\_\_