

CHERRY CREST ELEMENTARY PTSA REQUEST FOR REIMBURSEMENT OR PREPAYMENT

2019-2020

Please Attach Original receipts to the BACK!

COMMITTEE Name: _____

DATE OF EXPENDITURE: _____ AMOUNT: _____

Who needs to be reimbursed / Paid?: _____

SELECT CHECK DELIVERY MODE

- TEACHER/STAFF ONLY – Drop in Staff Mailbox
- Reimbursement Pick-up Folder in PTSA Room
- E-mail / Text to notify when check ready: _____
- Mail check to the following address

DESCRIPTION/PURPOSE OF ITEM OR SERVICE TO BE REIMBURSED OR PREPAID:

Name and 1st Signature of Person Requesting Reimbursement (You)

Name: _____ Signature: _____

Date: _____

Name and 2nd Signature of Chair/VP/Co-President

Name: _____ Signature: _____

Date: _____

Please email PTSA Asst. Treasurer/Treasurer at Treasurer@cherrycrest-ptsa.org with questions.

FOR TREASURER'S USE ONLY:

BUDGET LINE ITEM (Chart of Accounts): _____

PAID: CHECK #: _____ DATE: _____ AMOUNT: _____

Staple Receipts here (BACK)