Budget Line Item (Treasurer to fill in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REIMBURSEMENT REQUEST**

**SPIRITRIDGE PTSA**

Please attach receipts or invoices to this form. If there are no receipts attached, there can be no reimbursement. Chairperson signature or email verification is also required to process reimbursement. If the budget for an event is exceeded without prior Board approval, reimbursement is *not* guaranteed.

This will help the treasurer to keep accurate account information for budget line items. Return completed forms to the office in the treasurer’s file, and reimbursement will be made as soon as possible.

If you need cash for making change at an event, please give the treasurer at least one (1) week notice prior to the activity/project.

Please check the appropriate box:

□ Reimbursement □ Vendor Payment

Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee name or budget line item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email or phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Chairperson Email Verification Attached (in lieu of Chairperson Signature)

Reimbursement delivery (checks will not be sent home via your child’s teacher):

□ Pick Up at School (PTSA Folder in main office) □ Staff Mailbox

□ U.S. Mail (provide payee name and address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR TREASURER’S USE ONLY

Reimbursement made to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check date: \_\_\_\_\_\_\_\_\_\_\_\_ Check No.: \_\_\_\_\_\_\_\_\_ Check amount: $\_\_\_\_\_\_\_\_\_\_

Delivered via: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_