

Attach Receipts



Expense Reimbursement / Check Request Form
Briarlake Elementary School PTA 2011-2012

*Expense Reimbursement Requests and Check Requests must be submitted by the Event Chair or Person Responsible for the relevant Budget Category.

Date of Request: _____

Person Requesting*: _____

Purpose: _____

Make Check Payable to: _____

Preferred Delivery (ie "backpack") or Mailing Address: _____

Signature of Requester*: _____

For Treasurer's Use

| | |
|------------------------|--|
| Date Paid | |
| Check # | |
| Amount | |
| Budget Category | |
| PTA President Approval | |

Note: Please attach receipt(s) to this form. Approval must be obtained on all purchases prior to expenditure. Failure to obtain approval may result in purchaser having to incur the expenses. The treasurer must obtain the signature of the PTA President before a check can be issued.

| Date | Description | Budget Category* | Amount |
|------|-------------|------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total

Please allow 7 - 10 days for expense reimbursement.

Contact Heather Leahy at heather.leahy@comcast.net if you have any questions or concerns.