

PTA Reimbursement / Check Request Form

Date requested: _____ Date needed: _____

Requestor Contact Information E-mail: _____ Phone: _____

Event, program, project supported: _____

Check payable to: _____

Where check should be sent / delivered: Address _____

PTA Box at TC Elem _____
City ST Zip _____

Amount of check: \$ _____

Requestor's Signature: _____

Signature of Officer / Committee Chair: _____

***Receipts should be attached for audit documentation purposes.**

Comments:

Terra Centre Elementary



For Treasurer's Use Only

Check #: _____ Date Paid: _____

Line Item / Officer / Committee Charged: _____

Notes: _____
