

PTSA

Julia Landon College Prep and Leadership Development School

Reimbursement / Check Request Form

Check No.: _____

Date: _____

Amount: \$ _____

(for Treasurer Use Only)

Check Payable to: _____

Address: _____

Telephone #: _____

<u>Committee / Budget Area</u>	<u>Activity / Reason / Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Requested: \$

**All receipts / invoices *must* be attached for reimbursement to you or payment to vendor.
Multiple receipts from different retailers/vendors can be written on the same form.
Please number your receipts and list them in order above.**

Signature (PTSA Board Member Submitting Form): _____

Signature (PTSA Approved Check Signer): _____

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