

## Check Request Form

Instructions:

- 1. Please complete all portions leaving the last section blank for the Treasurer's use. Be sure to indicate how you would like to receive your reimbursement check.
- 2. Attach original invoices, receipts, or billing statements. (Remember to include sales tax on reimbursable items.)
- 3. Form must be signed by the appropriate PTSA Committee Chair, or a member of the PTSA Executive Board.
- 4. Place completed form and supporting documents in the PTSA box in the school copy room **OR** mail to the PO Box above, <u>Attention: PTSA Treasurer</u>. (*Incomplete forms or those lacking necessary documentation will be returned.*)

Additional copies of this form may be downloaded from www.LibertyHighPTSA.com

Detail of Expense: Budget Category/Line Item:				
Make Check Payable to:				
Payee's Phone #		•		
Brief description of items or	services covered by th	is request:		
Method of Payment: (Check Pay directly to the busin I'm School Staff, please Please reimburse me: at	ness/service provider lis leave reimbursement	check in my school m	nail box.	
Mail check to:	Street	City	State Zip code	
Other Instructions:				
Committee Chair/Executive	Committee Approval:			
Chair Name		Chair Phon	Chair Phone #	
Chair Signature			Date	
For PTSA Treasurer's Use Only				
Check Number:	Check Date:		Check Amount:	