
**ATKINSON ELEMENTARY PTA
CHECK/REIMBURSEMENT REQUEST FORM**

~ Please Print Clearly ~

Requested by:	Date:
Phone #:	Amount of Reimbursement:
Email:	\$

1. Payee Information (if different from above)

Name: _____

Phone #: _____

Email: _____

2. Delivery Options

Leave check in: PTA Treasurer's Box Teacher/Staff Box

Send check to: Home/Business

Street Address

City

State

Zip

3. Expenditure Information

PTA Program/Activity/Event: _____

Expenditure Description: _____

Chair Approval/Signature (required for standing committees): _____

If OLG, specify category designation: _____

Reimbursement checks related to an approved PTA activity will be cut and distributed within three weeks of receipt.

TREASURER USE ONLY

Check #: _____

Line item: _____

Date Paid: _____

Comments: _____

Date Sent: _____

Date cleared: _____

Initials: _____