TOLT MIDDLE SCHOOL

REQUEST FOR REIMBURSEMENT/CHECK REQUEST FORM

PROCEDURE:

1. Provide copies of all receipts with this form and indicate budget line item per receipt.
2. PTSA purchases MUST be on their own receipt. Please do not combined personal purchases and PTSA Purchases. If combined personal and PTSA purchases onto one receipt, you will forgo receiving reimbursed for any sales tax.
3. Completed Request with receipts can be emailed to Monique at tres@toltptsa.org. Allow a minimum of 1 week for check processing.

Date:	
Budget Line Item(s):	**Amount:**
Is Committee Chair Aware of Purchase:	
Requester: _____ PTSA/Leadership Member _____ Teacher/Staff	
Requested By:	
Make Check Payable To:	
Address (if check needs to be mailed):	

Budget Line Item	Vendor	Item Description	Amount	For Treasurer Use
		TOTAL		

Requested by Signature: _____ Date _____

CHECK APPROVAL

Date Received:	Approval: YES or NO
Date Issued:	Check #:
Entered in MM:	Check Amount:
Notes:	

*Treasurer's Signature:*_____ *President's Signature:*_____