



Nelson Elementary PTA Check Request Form

DATE: _____

NAME: _____ SIGNATURE: _____

CHECK PAYABLE TO: SAME _____ OTHER: _____

PHONE/EMAIL: _____

PLEASE DELIVER CHECK: BY HAND: _____ WORKROOM CABINET: _____ MY MAILBOX _____

EVENT/LINE ITEM/GRADE: _____

COMMENTS: _____

PRESIDENT OR COMMITTEE CHAIR PRINT/SIGNATURE: _____

Please attach your receipts to this form and turn them into the PTA box or Treasurer. You may use the same form for more than one receipt if they are for the same project or committee. If you have expenditures for more than one project on one receipt, please copy the receipt, circle or highlight appropriate amounts for each project/committee and use separate reimbursement forms. Treasurer has 10 business days to issue an approved reimbursement from time received.

	Budget Line/ Event Name	Amount	Description of Item Purchased
1			
2			
3			
4			
5			
6			
7			
	TOTAL:		

***** Reimbursements will not be made without a receipt. Receipts must be within 60 days of reimbursement request as well. *****

TREASURER'S USE ONLY

Amount: \$ _____ Check # _____ Check Date: _____

Budget Category: _____ Entered in MoneyMinder: _____

Delivered: Box _____ By Hand _____ Cabinet _____ Mail _____

Grant Form Completed _____ Date _____