

Great Seneca Creek ES PTA

2018-2019 CHECK/REIMBURSEMENT REQUEST

Please check **ONE** of the following:

_____ Check Request – Please include support for the amount requested

_____ Reimbursement – Receipts **MUST** be attached. Please securely tape or paste (Not staple) the ORIGINAL receipts to the reverse side of this form or on another letter sized paper and attach. If originals are not available, please explain and legibly provide a phone number and email for Treasurer to contact you if needed. Your receipts will not be returned so keep a copy of this form and your receipts for your own records.

Note: Please place the completed form and supporting receipts in the PTA mailbox. Allow TEN BUSINESS DAYS from the date submitted. If you have questions, please feel free to contact Trina Dev at trinadev@hotmail.com.

Requested by name(s): _____

Date: _____

Amount Requested: \$ _____

Payable To: Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Purpose of expense:

Check Deposition (please choose one): ___X___ Return to 'submitted by' _____ Forward to Payee

For Treasurer's Use Only:

Approved By: _____
Signature Title

Approved By: _____
Signature Title

Amount Paid: \$ _____ **Date Paid:** _____ **Check Number:** _____