Norup International School PTSA

Reimbursement & Check Request

PLEASE FILL OUT FORM COMPLETELY. PRINT CLEARLY.
RETURN FORM TO NIS PTSA TREASURER OR THE
PTSA SLOT IN THE NORUP FRONT OFFICE.

Your Name:		Date S	Date Submitted:				
Email:		Phone	Phone:				
		[()				
Check Payable To: PRINT CL	EARLY	!	Expense	Amount	t:		
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			\$				
Address of Payee:	Mail Check to Ad	ldress Below		Pick Up	Che	ck	
Event:							
Description:							
Description.							
	<u> </u>						
	Date Needed:		Date Ma	iled:			
	/ /		/	/			
INCLUDED IN BUDGET	OR AF	PPROVED AT ME	ETING (Date:	/	/	١
INCLUDED IN BODGET	OK AF	TROVED AT ME	LIING (Date.	1	1	,
f this is a bill that needs to be pa							nt.
For all other requests, receipt(s),	invoices or contrac	ts totaling the a	mount of	reimbur	seme	ent	
nust be attached. K eep a copy for yourself befo	ore turnina in						
	ne canning iii						
or Treasurer's Use Only:							
· ·							
	Transaction IDCheck Number						
pproved By (PTA Officer):				Date:	,	,	
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pproved By (PTA Officer):				Date:		_	
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