

Check #

Rogers Elementary School PTA REIMBURSEMENT & CHECK REQUEST

Please fill out this form completely. Receipts, invoices or contracts must be attached in order to receive reimbursement payment. Return form and all documentation to treasurer. Please keep a copy of this form and all attachments for your records. Name Date **PTA Event** Description of Expense _____ Expense Amount \$ Make check payable to: (if reimbursement, use your name; if payment, please list name of vendor) Mail check Mailing address: Deliver check Deliver to: FOR TREASURER'S USE ONLY Approved by Date Approved by Date

Amount