

## SES PTA CHECK REQUEST FORM for REIMBURSEMENTS

Please complete the form below, staple receipt(s) and contact the Co-Treasurer (Janine MacDonald @ 862-485-2862 or [janinemacd@gmail.com](mailto:janinemacd@gmail.com)) to arrange timely delivery of the Reimbursement.

Please draw a check in the amount of \$ _____ payable to:	
Name _____	Phone _____
Address _____	
City & State _____	Zip _____
Event/Activity or Classroom: _____	
Purpose for which check is drawn (include items purchased, etc.) _____	
Date of Request: _____	Documentation/Receipt attached? YES NO
Signature _____	

Approved By: \_\_\_\_\_  
(only if amount exceeds original budgeted amount needing Exec Board approval)

Date Paid by Treasurer \_\_\_\_\_ Check # \_\_\_\_\_

Please list receipts individually:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Total \$ \_\_\_\_\_