

Budget Line Item (Treasurer to fill in): _____

REIMBURSEMENT REQUEST SPIRITRIDGE PTSA

Please attach receipts or invoices to this form. If there are no receipts attached, there can be no reimbursement. ***Chairperson signature or email verification is also required to process reimbursement.*** If the budget for an event is exceeded without prior Board approval, reimbursement is *not* guaranteed.

This will help the treasurer to keep accurate account information for budget line items. Return completed forms to the office in the treasurer's file, and reimbursement will be made as soon as possible.

If you need cash for making change at an event, please give the treasurer at least one (1) week notice prior to the activity/project.

Please check the appropriate box:

- Reimbursement Vendor Payment

Date of request: _____ Date needed: _____

Amount requested: \$ _____

Committee name or budget line item: _____

Purpose: _____

Requested by: _____ Signature: _____

Contact email or phone: _____

Committee Chairperson Signature: _____

- Chairperson Email Verification Attached (*in lieu of Chairperson Signature*)

Reimbursement delivery (checks will not be sent home via your child's teacher):

- Pick Up at School (PTSA Folder in main office) Staff Mailbox

- U.S. Mail (provide payee name and address): _____

FOR TREASURER'S USE ONLY		
Reimbursement made to: _____		
Check date: _____	Check No.: _____	Check amount: \$ _____
Delivered via: _____		