|  |  |  |
| --- | --- | --- |
|  | **Check Reimbursement Request** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Make Check Payable To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  | **Email Address/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  | **Mail Check To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Request submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  | **Committee/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  | **Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  | **Itemize expenses:** |  |  |  |  |  |  |
|  |  |  |  |  |  | **$** |  |  |  |
|  |  |  |  |  |  | **$** |  |  |  |
|  |  |  |  |  |  | **$** |  |  |  |
|  |  |  |  |  |  | **$** |  |  |  |
|  |  |   |   |   |   | **$** |   |  |  |
|  |  |  |  |  | **Total** | **$** |   |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Receipts must be attached! PTSA cannot issue checks without a receipt.** |
| **Please place your completed form in the PTSA Drawer in the Main Office.\*** |
| If you have questions please contact the PTSA at VSAAptsa@gmail.com  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Date** |  |  |  |  |
|  |  |  |  |  | **Check #** |  |  |  |  |
|  |  |  |  |  | **Amount $** |  |  |  |  |