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|  | **Check Reimbursement Request** | | | | | | | | | | | | | |  | | |
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|  | **Make Check Payable To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |  | | |
|  | **Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |  | | |
|  | **Email Address/Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |  | | |
|  | **Mail Check To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |  | | |
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|  | **Request submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |  | | |
|  | **Committee/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |  | | |
|  | **Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |  |  | | |
|  | **Itemize expenses:** | | | | |  |  | | | |  |  | |  |  | | |
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| **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 | | | | | | | | | | | | | | | | | |
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|  | |  | |  |  |  | **Date** | | | |  |  | |  | |  | |
|  | |  | |  |  |  | **Check #** | | | |  |  | |  | |  | |
|  | |  | |  |  |  | **Amount $** | | | |  |  | |  | |  | |