

ECHO LAKE PTA (6.12.20) CHECK REIMBURSEMENT REQUEST FORM

Requested by: _____
Date of request: _____
Check payable to: _____
Address: _____
Phone number: _____

Date of expense	Vendor	Description	Budget line title	Amount
IMPORTANT!!! TOTAL AMOUNT YOU ARE REQUESTING ON THIS FORM:				\$ -

Please print legibly, in ink.

Receipts must be attached; please tape flat to back of request (as though you were going to photocopy), or to additional sheets.

Please submit reimbursement requests within 60 days of expense, or by the end of June (whichever is earlier).

Please see budget report for "budget line title", or ask Treasurer.

Check #:	Date:	Processed by:	Check signed by (1):
(PTA use only)	v 9.10		Check signed by (2):