

FLORENCE ELEMENTARY PTA Check Request Form/Reimbursement Voucher

Make Check Payable To: _____

Address: _____

Person Requesting Check: _____ Date: _____

Purpose of Expense: _____

Teacher and Grade: _____ (for Room Rep)

Committee Chairman Signature: _____

(All Chairmen must sign for expenses related to their Plan of Work and expense account.
 Chairman Signature not required for Room Rep/Activity Fund.)

PLACE OF PURCHASE	DESCRIPTION	QTY	UNIT PRICE	COST
TOTAL				

PLEASE NOTE:

- Tax is not reimbursable. Use tax exempt form when making purchases.
- Attach copies of receipts and invoices to the back of this form. Staple towards center top of form.
- Please indicate items purchased on the receipt. Items marked must equal total amount requested.
- Return completed check request form with receipts to PTA Treasurer by placing your check request in the manila envelope in the File/Copy Room (The Vault) in the Office.

TREASURER'S NOTES
Invoice Received:
Date Paid:
Check Number:
Amount of Check:
Budget Line Item to Debit:
Notes: