

# DeWitt Elementary PTA

## Reimbursement / Check Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Project or Activity: \_\_\_\_\_

Check Request       Reimbursement      Amount \$ \_\_\_\_\_

Received by: \_\_\_\_\_ *Please submit/attach all receipts.*  
(Signature)

For (please be specific): \_\_\_\_\_  
\_\_\_\_\_

Approval:

PTA President / Activity Chairperson:

Signature & Date: \_\_\_\_\_

~ To be completed by PTA treasurer ~

Paid by Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Signature: \_\_\_\_\_