

DeWitt Elementary PTA

Reimbursement / Check Request Form

Date: _____

Name: _____

Phone: _____

Check Payable to: _____

Project or Activity: _____

Check Request Reimbursement

Amount \$ _____

Received by: _____
(Signature)

Please submit/attach all receipts.

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: _____