

# 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 Treasurer & one additional board member*

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

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

Signatures: \_\_\_\_\_