



**Cromwell Valley Elementary PTA**  
**Check Request / Reimbursement Form**

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

Payable To: \_\_\_\_\_

Amount: \_\_\_\_\_  
(\*\*Don't forget to include sales tax\*\*)

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

Committee/Subcommittee: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

*Please obtain the following signature to complete your form:*

**PTA Committee Chair or Officer Approval:** \_\_\_\_\_

*(If you are the committee chair, please obtain the signature of a PTA Officer)*

**Must be signed before given to the Treasurer.**

*We cannot reimburse you without the proper receipts or supporting documents.  
Please attach bill, receipt or other appropriate documentation and return to  
the Treasurer's mailbox. Thanks!*

*We will make our best attempt to reimburse you within two weeks from your submission date.*

---

**TREASURER'S USE ONLY**

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

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Entered \_\_\_\_\_

Budget Category: \_\_\_\_\_

**PTA Officer Approval:** \_\_\_\_\_

*(Request can be verified to the budget and/or minutes by PTA President or any VP)*