



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)