

Wells Elementary School PTA Reimbursement/Check Request

Mail check: _____ Place in PTA hanging file: _____ Other: _____

Payable to (print): _____

Address: _____

Phone number: _____

Requested by: _____

Date: _____

Chairperson Approval(*): _____

Date: _____

(* must be chairperson or boardmember [Printed Name & Signature])

Note:

1. Wells PTA does not reimburse sales tax.
2. Original receipts must be attached
3. Amount must be split between correct Budget Category to help maintain accurate books.
4. Approval will be required by the Chairperson in charge of the applicable Event.
5. Amounts over the budget will not be reimbursed. Budget amendment will be required to pay overage.
6. Indicate delivery method (treasurer can provide stamped envelope).
7. Submit within 30 days of event.

Budget Category	Description of Item/Service	Amount
<i>Total Reimbursement/Check Amount</i>		

<i>Treasurer's Notes</i>	Remarks:
<i>Date Paid:</i> _____	
<i>Check Number:</i> _____	
<i>Check Amount:</i> _____	
<i>Recorded:</i> _____	