

# Orchard Avenue PTA

## Expense Reimbursement / Check Request Form



Date of Request: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

**Type of Request:**

- Expense Reimbursement (for purchases already made)       Check Request (to prepay a vendor)\*

*\*For Check Requests, please make a copy of this form after you fill it out. Submit one form to PTA to request the check. Submit the copy, with your receipt attached, within one week of purchase.*

**Expense Category:**

- PTA Activity       TAP       Garden       Other: \_\_\_\_\_

**Please list each expense/receipt separately. Attach all receipts to this form and place it in the PTA mailbox.**

Date of Purchase	Vendor	Reason for Purchase	Amount
<b>Additional expenses listed on back (if applicable):</b>			
<b>Additional Expenses – check here:</b> <input type="checkbox"/>			<b>TOTAL</b>
List additional expense details on reverse, add to total, and attach receipts.			

NOTES: \_\_\_\_\_

*Please sign below to verify the above listed purchases are/were for Orchard Avenue Elementary PTA purposes and to acknowledge that you are financially liable for any unrelated and/or unapproved expenses.*

\_\_\_\_\_  
Principal Signature (teachers: please obtain this signature prior to submitting to PTA)      Date

\_\_\_\_\_  
Signature of Requester      Date

PTA USE:  
Approved by: \_\_\_\_\_ Date of check: \_\_\_\_\_ Check Number: \_\_\_\_\_