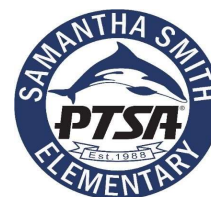


# 2024-2025 REIMBURSEMENT REQUEST FORM

Questions? Email Treasurer: treasurer@smithptsa.org



Please attach original receipts or invoices to this form

Reimbursement

Check Request

Invoice Payment

Invoice # \_\_\_\_\_

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

Person Making Request: \_\_\_\_\_

Committee/Budget Category: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Payee Phone: \_\_\_\_\_ Payee Email: \_\_\_\_\_

Deliver to: Address: (provide address on the right)  
PTSA File Box \_\_\_\_\_  
School Mailbox \_\_\_\_\_  
\_\_\_\_\_

Total amount of check: \$ \_\_\_\_\_

Explanation of expenses:

\_\_\_\_\_  
Signature of person submitting request: \_\_\_\_\_

All reimbursements MUST be turned in two weeks before the end of the school year.

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*FOR TREASURER'S USE ONLY* \_\_\_\_\_ Rec'd date: \_\_\_\_\_

Check Number: \_\_\_\_\_ Budget Acct: \_\_\_\_\_

Check Date: \_\_\_\_\_ Treasurer's signature: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_