

Date: ____/____/____ Requested by: _____

- ☐ Reimbursement *Staple receipt to back of this form*

☐ Pre-issue check. *PTSA will need a receipt*

☐ Order Form or Bill. *Staple PTSA copy to the back of this form*

AMOUNT:

\$

PAYABLE TO:

- ☐ Mail check (attach stamped, addressed envelope)
- ☐ Give check to _____
- ☐ Leave check in PTSA mailbox. Your email address: _____

FOR:

EVENT/
COMMITTEE:

APPROVED
BY:

Committee Chairperson

PRESIDENT: Archana Gima

Signature: _____

Date: _____

SECRETARY: Robin Sexton

Signature: _____

Date: _____

TREASURER: Natalie Wang

Budget Category: _____

Date Issued: _____

Check No.: _____

Signature: _____

Ratified: ____/____/____