



EAST COVENTRY PTA CHECK REQUEST/REIMBURSEMENT FORM

Please complete this form in its entirety when requesting reimbursement from the PTA for any expenses incurred on behalf of PTA. **Attach all required receipts to the back of this form** and forward to the PTA Treasurer within **10 days** after the purchase or event date. If you used a credit card, PTA is not responsible for interest should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount by \$25.00 must have approval from the Executive Board (and cannot be paid until the association votes to approve the overage). **No reimbursement will be made without receipts.**

DATE: _____

PAYABLE TO: _____

ADDRESS OR GIVE CHECK TO: _____

DATE	DESCRIPTION	BUDGET CATEGORY	COST
TOTAL			

REQUESTED BY: _____

Please attach invoices or receipts supporting the requested check amount.

DATE PAID: _____ CHECK #: _____ TREASURERS INTIALS: _____

AMOUNT: _____