

Bacon Elementary PTA

Reimbursement/Check Request Form

Person requesting reimbursement check: _____

Requester's email: _____

Date: _____ Name of Committee Chair: _____

Committee or Activity: _____

Signature of Committee Chair: _____

All expenditures are to be authorized by the appropriate chairperson.

Amount of Reimbursement/Payment: \$ _____
(DO NOT INCLUDE TAX- Our Tax Exempt Number is 98-03264-0000)

Make check payable to: _____
(Please Print)

Item(s) Purchased: _____

Please attach receipt(s).

FOR TREASURER'S USE

CHECK NUMBER: # _____

DATE: _____

INITIAL: _____