

EASTOVER PTA

Check Requisition and Reimbursement Request

Please submit to the PTA treasurer with support documentation (receipts or invoices).

PLEASE PRINT:

Pay to: _____

Amount: _____

Purpose of expenditure:

Invoice #: _____

Date invoice due: _____

Please charge the following account for this expense:

Requested by: _____

Committee: _____

Date: _____

Routing directions:

- Leave for me in the office or in my PTA box.
- Mail to _____ at this address (include phone number):

Seed Money:

<u>Name:</u>	<u>Amount:</u>	<u>Signature:</u>

