**Chinook PTSA Reimbursement Request Form**

Instructions:

* Please complete the information below to receive reimbursement for PTSA approved expenses.
* Please submit request within two (2) weeks of expense.
* All Teacher Classroom Resource Expenses must be submitted by February 28, 2017.
* All other requests must be submitted by June 1, 2017.
* No reimbursements may be made without original receipts.
* Allow 2 weeks for processing, including deposits or pre-payments to vendors. Contracts must be approved by Co-President.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  |  |  |
| Dollar Amount: |  |  |  |
| Check Payable to: |  |  |  |
| Item(s) Purchased: |  |  |  |
| Explanation: |  |
|  |
| Requested By: (print) |  |  |  |
| Signature: |  | Date: |  |
|  |  |  |  |
| Check Delivery: | Teacher mailbox: |  |  |  |
|  (check one) | PTSA Drawer: |  |  |  |
|  | Mail to address: |  |
|  | (please print) |  |
|  |  |  |
| For PTSA Treasurer Use Only |
| Paid: | Check #: | Amount: $ | Date :  |
| Check Signers: (initials) | Co-President Approval: (signature) |
| 1. | 2. | X: |

Quicken Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_