**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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_