

# Check Request/Authorization for Reimbursement

## Marine View PTSA

ATTACH ALL ORIGINAL RECEIPTS TO THIS EXPENSE STATEMENT

Requestor's name: \_\_\_\_\_ Request date: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

Committee (or teacher if a classroom/teacher expense): \_\_\_\_\_

Reason for expense: \_\_\_\_\_

List expenditures:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>Total</b>		\$ _____

Make check payable to: \_\_\_\_\_

Is check to be mailed? Yes \_\_\_ No \_\_\_

Mailing address if check is to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Are original receipts attached? Yes \_\_\_\_\_ (Reimbursement cannot be authorized without original receipts. You are welcome to make copies to keep for your records, but please submit the originals.) **Submit this form to the front office at Marine View.**

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### For PSTA Treasurer Use:

Check Number: \_\_\_\_\_ Date of check: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_