

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:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total		\$ _____

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.**

For PSTA Treasurer Use:

Check Number: _____ Date of check: _____

President's Signature: _____ Date: _____

Secretary's Signature: _____ Date: _____