

Everglades Elementary PTA Check Request Form

Use a separate form for each payee.
Receipts, invoices and/or other supporting documentation must be attached.

Make check payable to: _____

Date	Use of Funds	Amount Requested:
Total		\$

If check is to be mailed, where should it be sent?

Address _____

City _____ Zip _____

Signature _____ Date _____

(For the treasurer's use only)

Approved: _____

Date	Check #	Acct. #	Account	Amount
			Checking	\$
split				

Posted By: _____

On: _____

Everglades Elementary PTA Reimbursement Voucher

Make check payable to: _____

Date	Item	Place of Purchase (if appropriate)	Amount Requested
			\$
Total			\$

Account: _____

Explanation: _____

Certification: The expenses listed above were incurred in connection with authorized PTA work and were not otherwise reimbursed to me.

Signature _____ Date _____

(For the treasurer's use only)

Approved : _____

Date	Check #	Acct. #	Account	Amount
			Checking	\$
split				

Posted By: _____

On: _____