

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 PTSA Treasurer Use:

Check number: _____ Date of check: _____

President's Signature: _____ Date: _____

Secretary's Signature: _____ Date: _____