Colonial Road School PTA

Reimbursement and Check Request Form

Date _____

Requested by: (Name)_____(Phone)_____

Email: _____

Project/Event/Program: _____

Item Description:	Amount:
	$
	$
	$
	$
	$
Total Amount	$

Make check payable to: _____

Payee Mailing Address: _____

Payee Phone: _____

IMPORTANT: This expense voucher must be submitted within 30 days of the expense and MUST have receipts, invoices, contracts or order forms attached.

Please leave in PTA President/Gina Smedley's mailbox in the Main Office for approval. Once approved, she will forward on to the PTA Treasurer/Candice Lim for payment/reimbursement.
Please provide a minimum of 48 hours for check issuance.
==========
CRS PTA use only:

_____
Authorized by Gina Smedley, President

Check # _____ Date issued_____

Budget line item_____