

Colonial Road School PTA

Reimbursement and Check Request Form



Date _____

Requested by: _____ 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.**

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CRS PTA use only:

 Authorized by Gina Smedley, President

Check # _____ Date issued _____

Budget line item _____