



# Evergreen Middle School PTSA Reimbursement/Payment Request

Please attach receipts or invoices to this form. This will enable the treasurer to keep accurate records of amounts spent in each budget category.

Date:	
Committee/Office:	
Name:	
Phone:	
Email:	
Amount:	
Make Check Payable to:	
I prefer to receive the check:	<input type="checkbox"/> Leave check in PTSA file/mailbox <input type="checkbox"/> Leave check in my staff mailbox <input type="checkbox"/> Mail check to business at the following address: _____ <input type="checkbox"/> Mail check to me at the following address: _____
Explanation of Expenditure:	
Budget Category:	

Signature of Person Submitting: \_\_\_\_\_

Signature of Committee Chairperson: \_\_\_\_\_

**For Treasurer Use Only**

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount:	
Budget Category Charged:	
Treasurer Signature:	