

Colonial Road School PTA

Reimbursement and Check Request Form

Date _____

Requested by: (Name) _____ (Phone) _____

Email: _____

Project/Event/Program: _____

Amount: \$ _____

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

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 Susan Walker's mailbox in the Main Office for approval. Once approved, she will forward on to Jane A-Santos for payment/reimbursement. **Please provide a minimum of 48 hours for check issuance.**

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CRS PTA use only:

Authorized by Susan Walker, President

Check # _____ Date issued _____

Budget line item _____