

CEDARCREST PTSA CHECK/REIMBURSEMENT REQUEST



Date: _____
 Budget Line Item: _____
 Committee/Event Lead: _____
 Is Lead Aware of Purchase: _____
 Requested By: _____
 Make Check Payable to: _____
 Address (If check needs to be mailed): _____

Budget Line Item:	Vendor:	Item Description:	Amount:
(Attach Receipts)			TOTAL

Requested By Signature: _____ Date: _____

Please attach all necessary documentation and keep a copy for yourself to be used for budget verification. **** No receipt, no invoice, no check, no exceptions. ****

Treasurer: Jenn Anderson
Phone: 206-617-0684
Email: jennandjoeanderson@hotmail.com

For Treasurer Only:

Date Received: _____ Check # _____
 Date Check Written: _____ Check Amount: _____
 Treasurer Signature: _____
 Officer Signature: _____
 Notes: _____
