

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:	Receipt Date:	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: _____
