

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: Cari Orme

Phone: 425-241-3240

Email: cariorne@hotmail.com

For Treasurer Only:

Date Received: _____

Check # _____

Date Check Written: _____

Check Amount: _____

Treasurer Signature: _____

Officer Signature: _____

Notes: _____

