

# Guilford Elementary PTA Reimbursement/Check Request

Your Name \_\_\_\_\_ Phone \_\_\_\_\_  
(except GES Staff)

Date Submitted \_\_\_\_\_

Check Payable to \_\_\_\_\_

Is this Check to be Mailed?       Yes       No

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Budget Category \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reason for Reimbursement \_\_\_\_\_  
\_\_\_\_\_

Included in annual budget or       Approved at meeting (date \_\_\_\_\_ )

Receipt(s) totaling the amount of reimbursement must be attached.

Approved by (PTA Officer) \_\_\_\_\_ Date \_\_\_\_\_

Approved by (PTA Officer) \_\_\_\_\_ Date \_\_\_\_\_

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For Treasurer's Use Only

Category \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Logged \_\_\_\_\_