



Vines High School PTSA Reimbursement/Check Request

Payable to (print): _____

Address: _____

Phone number: _____

Requested by Signature: _____

Date: _____

Check Delivery: PTSA Box/File Next PTSA Meeting Envelope Provided

Note:

1. Vines PTSA does not reimburse sales tax.
2. Original receipts must be attached
3. Amount must be split between correct Budget Category to help maintain accurate books.
4. Amounts over the budget will not be reimbursed. Budget amendment will be required to pay overage.
5. Every effort will be made to disburse the check as soon as possible.

Budget Category	Description of Item/Service	Amount
<i>Total Reimbursement/Check Amount</i>		

Check Request Review:

Treasurer Signature: _____

<i>Treasurer's Notes:</i>	<i>Remarks:</i>
<i>Date Received:</i> _____ <i>Date Paid:</i> _____ <i>Check Number:</i> _____ <i>Check Amount:</i> _____ <i>Recorded:</i> _____	