IRVINGTON NY PTSA

REIMBURSEMENT/CHECK REQUEST FORM

Please submit check request at least 1 week before you need the check.
Please submit reimbursement request & receipts to the Treasurer no more than 30 days after your program.

Committee Name: _____

Date of Program: _____/_____/_____ **Date of Request:** _____/_____/_____

Make check payable to: _____

Address:

Phone number:

EXPENSES (please list additional expenses on the back of the form):

Description	Amount	Receipt Attached?*

TOTAL AMOUNT: _____

*All receipts must be attached for full reimbursement.

REQUIRED SIGNATURE(S):

A. Committee Chair or Executive Committee Member

B. For amounts over $100, Vice President's or President's signature**

**Note if this is required, it must be a different person than the one that signed in box A.

TREASURER USE:

Date Paid

Check #

By