

George C. Marshall HS PTSA
General Form for Requests for Reimbursements

To: PTSA Treasurer

From Committee: _____

Requested by: _____

RE: Check Request ___ Reimbursement: ___

Please Note:

Reimbursements will be made once the completed form with the appropriate receipts is received by the treasurer.

Amount Requested: \$ _____

Describe Request or Justify Reimbursement:

Payee: _____

Address:

Special Instructions:

Date of Request: ____/____/____

For Treasurer Use Only:

Date: ____/____/____

Approved By: _____

Check # _____

Charge to Accounts: _____ Amount: \$ ____

_____ Amount: \$ ____

_____ Amount: \$ ____

SALES TAX IS NON-REFUNDABLE