

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

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To: PTSA Treasurer

From Committee: \_\_\_\_\_

Requested by: \_\_\_\_\_

RE: Check Request \_\_\_ Reimbursement: \_\_\_

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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For Treasurer Use Only:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Check # \_\_\_\_\_

Charge to Accounts: \_\_\_\_\_ Amount: \$ \_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_

\*\*\*SALES TAX IS NON-REFUNDABLE\*\*\*