

LRMS PTSA Check Request/Reimbursement Form

Please complete within 30 days of expenditure.

Date submitted: _____

Budget Category (Event or Committee Name): _____
(Only one category per form)

Check to be made payable to: _____

Mailing Address: _____

Phone number: _____

Email address: _____

Date	Store/ Vendor name	Brief Description	Amount

Total Reimbursement _____

How would you like to receive your check? (check one)

_____ Mail to the above business

_____ Pick up from Treasurer

_____ Teacher Mail Box (Teachers Only)

_____ Mail to my home (must include self-addressed, stamped envelope with request)

_____ Send home with my child. Child's name _____ Homeroom _____

Submitted by: _____ Date: _____
Signature

Approved by: _____ Date: _____
Treasurer's Signature

Please attach **ORIGINAL** receipts to the **BACK** of this form. Place completed form in PTSA Treasurer's mailbox.

Katherine Spinak, PTSA Treasurer
919-696-0058 or treasurer@lrmsptsa.com

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Treasurer's Use Only

Check #	Amount	Date Disbursed