

PT PTA Area Council Check Request Form

Please complete this form when requesting reimbursement from the PT PTA Area Council for any expenses incurred on behalf of the AC. **Attach all receipts, invoices or order forms or check cannot be issued.** Submit your request within 30 days of the purchase or event date. If you use a credit card, PT PTA Area Council is not responsible for interest accrued should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount must have approval of the Executive Board and cannot be paid until the association votes to approve the overage. No reimbursement will be made without receipts.

Date _____

Requested By
(Print Name & Sign)

Name

Signature

Reason for Check _____

Make Check
Payable To

Address _____

City/State/Zip
Code

Amount
Requested

\$ _____

Instructions for Check Delivery (select one)

_____ Return check to Requester

_____ Mail Check to “Payable To” listed above

Additional Instructions (if necessary):

Treasurer Use Only

Date Received
by Treasurer

Date Paid

Check #

Amount
Account
Debited

\$ _____
