

# Chinn PTA Check Request/Reimbursement Form

**Date:** \_\_\_\_\_  
**To:** Woody Acosta  
**E-mail:** [woodyacosta@gmail.com](mailto:woodyacosta@gmail.com)  
**Phone:** 816.519.2544

**From:** \_\_\_\_\_  
**E-mail/Phone:** \_\_\_\_\_  
**Committee:** \_\_\_\_\_  
**Item Purchased:** \_\_\_\_\_  
**Purchase Amount:** \_\_\_\_\_

**Remit Payment To:** \_\_\_\_\_

**Please attach receipt or invoice to this request form.**

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**Date Received:** \_\_\_\_\_  
**Date Paid:** \_\_\_\_\_  
**Check #:** \_\_\_\_\_  
**Check Amount:** \_\_\_\_\_  
**Treasurer's Initials:** \_\_\_\_\_