

Chinn PTA Check Request/Reimbursement Form

Date: _____
To: Julia Mast
E-mail: MastPTAtreasurer@gmail.com
Phone: 816.651.6278

From: _____
E-mail/Phone: _____
Committee/Event: _____
Items Purchased: _____
Purchase Amount: _____

Remit Payment To: _____

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

Date Received: _____
Date Paid: _____
Check #: _____
Check Amount: _____
Treasurer's Initials: _____