

OAKLAND ELEMENTARY PTA

Check / Reimbursement Request



REQUESTED BY:	PHONE: () -
DATE SUBMITTED: / /	DUE DATE: (If requesting check to be mailed to vendor.) / /
BUDGET LINE ITEM:	
TOTAL AMOUNT REQUESTED: (NOTE: Oakland Elementary PTA does not reimburse sales tax.) \$	

***** If you are not the chairperson of the event, it is necessary to obtain the chairperson's signature so they are aware of all budget expenses.*****

*** CHAIRPERSON SIGNATURE IF DIFFERENT THAN REQUESTOR:	DATE: / /
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Instruction to Treasurer for forwarding payment:

_____ Send via backpack

Student's Name: _____

Teacher: _____ Grade: _____

_____ Mail Check

Address: _____

Please staple receipts to the front of this form or enclose in an envelope. Place in PTA Treasurer box in school office.

- Receipts need to be turned in within 30 days, from date of receipt, to be reimbursed.
- Our fiscal year ends on June 30th. Receipts not turned in by June 30 will be considered a donation.

REQUESTOR SIGNATURE:	DATE: / /
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For PTA Office Use Only:

Date Received: _____ Ck#/Payee: _____ Date Issued: _____