



## Payment, Reimbursement of Expenses, or Check Request Form

\* Receipts must be turned in within 30 days of purchase to receive reimbursement

Request Date: \_\_\_\_\_

For Reimbursement of personal funds used for PTSA reimbursable expenses:

\*For receipts turned in more than 30 days after purchase, or after June 25th, whichever applies - the amount will be considered a donation to NCHS PTSA.

1. Receipts are required for reimbursement. Please attach receipts to this form.
2. Fill out the form completely and legibly.
3. Are you the Chair of this committee? If not, do you have Chair approval?   **YES/NO**
4. Reimbursements may take up to 10 business days to process.

Date	Committee	Description of Item or Service	Total (with tax)

**Total Requested Amount \$** \_\_\_\_\_

Make check payable to (PLEASE PRINT) : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Treasurer's Use Only**

**PAID:** Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Budget Category: \_\_\_\_\_