

PTSA
LIVERMORE HIGH PTSA REQUEST FOR REIMBURSEMENT

A Request form is required for each check. If multiple checks are required, a separate request form must be completed for each person.

Name: _____ Date: _____ Phone/Email: _____

Receipt / Invoice attached: _____ Yes _____ No, this is an advance request. Receipt will come later.

Issue Check to: _____ Me _____ Invoice Address (*attach invoice*) _____ Address Below

Expense Description

Amount

Budget Category
Treasurer's Use Only

TOTAL AMOUNT: _____

I certify that these are legitimate PTA expenses.

Signature of person submitting reimbursement

Signature of Program Chairperson

This section Treasurer's Use Only

Date Approved By Board:

Date Approved/Ratified By Association:

Cleared Bank Statement

The Treasurer of: **LIVERMORE HIGH PTSA**

Will pay to: _____

Check (Warrant) # : _____

Date: _____

the amount of \$ _____ Dollars

on account of: _____

President / EVP: _____

Secretary: _____

Tape Cancelled Check Here

The PTA Request for Reimbursement form is used to record all payments made by the Livermore High PTSA.
Checks cannot be written and distributed without this form.

One Request Form Per Check.

If Multiple Checks Are To Be Written, Complete Separate Request Forms For Each Check.

Name	Enter your name as the person completing this form.
Date	Today's date.
Phone/Email	Enter your contact phone number or email whichever is best to reach you.
Receipt/Invoice	If YES, circle what is attached to this form: Receipt or Invoice. If NO, remember to submit receipts up to the amount advanced. The Treasurer will contact you.
Issue Check Me Invoice Address Address Below	If checks are to be written to multiple people, complete separate request forms for each person. The check will be issued to the person's name above. The check will be issued and mailed to the company as indicated on the attached invoice. If the check is to be written to someone other than the name above or attached invoice, write the person's name, address, city, state, zip. The check will be written in that person's name and mailed to the address written.
Expense Description	Document the description of the expense (summarizing the receipts attached is acceptable).
Amount	Enter the line item amount that matches the description. If summarizing receipts, put the total amount of the receipts for that line item description.
Budget Category	This is for the Treasurer's Use Only. Do not enter information on these lines.
TOTAL AMOUNT	This is the total amount the check will be written for.
Signature	The person completing this form, must sign the form.
Program Chairperson	The Chairperson for the program to be charged for this expense, must sign this form as authorization.

Date Appd By Board	The Executive Board must approve/ratify all bills at their monthly meetings.
Date Appd By Assoc	The Association must approve/ratify all bills at their Association meetings.
NOTE: This section will replicate the check issued.	
Check/Warrant #	Enter the check number of the check issued to pay this request.
Date:	Enter the date the check was written.
Will Pay To:	Enter the name of the person/business the check is issued to.
the amount of:	Enter the total amount of the check.
dollars	Write the written out numeric value of the check.
on account of:	Write the budgeted line items paid from this check (Hospitality, supplies, etc.)
President or Exec VP	The President/EVP must sign this section. Can be done at the same time as signing the check.
Secretary	The Secretary must sign this section. Can be done at the same time as signing the check.

Once the cancelled check is received in the bank statement, it is taped to the request for record retention.