

(Attach all original receipts or invoices in this corner behind this form.)



Date rec'd _____

Date Paid _____

Check # _____

Approved _____



Recorded

Date: _____

RUSHWOOD PTA

Check Request/Expense Reimbursement

Name: _____ Email: _____

Event/Committee: _____

Please check one:

☐ Check Request

☐ Expense Reimbursement

Purpose for Expenditure (please be specific)

Itemized Expenses:

Expense	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL AMOUNT REQUESTING: (cannot exceed budget or include sales tax)	\$

Make Check Payable To: _____

Address, City, Zip: _____

Phone Number or Email Address: _____

Attach receipts or invoices to this form, put it in an envelope and submit to:

Monica Gallagher, PTA Treasurer

You can submit this form plus attachments through the PTA mailbox in the Teacher's Lounge, place in the Treasurer's mailbox in PTA Office or electronically via email.

Please feel free to email or call if you have any questions:

gmigallagher@aol.com 330-386-3685