Check #_____

Date Paid_____

Expense_____

NMS PTSA

Reimbursement Request / Check Request

Please attach receipts, invoices, packing lists and/or other supporting documents to the back of this form.

Event/Committee: _____

Person Requesting Check: _____ Date:_____

Purpose of Expenditure: _____

Itemized Expenses:

1. _____ Amount: _____
2. _____ Amount: _____
3. _____ Amount: _____
4. _____ Amount: _____

Total Check Amount: $ _____ **(cannot include sales tax)**

Make Check Payable to: _____

Delivery Options:

- Send home with Student: _____
  student name / teacher name

OR

- Mail to Address: _____

City, State, Zip: _____

Place completed form in an envelope and submit to PTSA Treasurer Julia Henderson
jhndrsn71@gmail.com or 330-998-4571