



# Northshore Council PTSA 6.10 Request for Payment/Reimbursement

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

Requester \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

OPTIONAL – WILL EMAIL YOU WHEN CHECK IS READY/MAILED

Date Needed By \_\_\_\_\_

PAY TO \_\_\_\_\_ AMOUNT \_\_\_\_\_

Budget Line Item Name \_\_\_\_\_

Additional Line Items \_\_\_\_\_

Purpose \_\_\_\_\_

Are you the Committee Chair? YES NO Does the Chair approve these expenses? YES NO

Check Delivery (circle one): Next PTSA Meeting  Mail It (provide an addressed envelope)  Call Me  Email me

### Reimbursement Instructions

1. All receipts should be submitted within 2 weeks of the event or purchase date
2. Attach original receipts or email scanned original – not copies
3. Write the correct budget line item name.
4. Committee Chair - If you are **not the chair** of the committee, please make sure the committee chair approves the expense you are submitting.
5. Email this request to [treasurer@northshorecouncilptsa.org](mailto:treasurer@northshorecouncilptsa.org) or give to me in person.
6. Allow **two week** turnaround.

### Instructions for check delivery

- If delivery method is not specified I will contact you.
- If you would like your check mailed to you please provide a self-addressed stamped envelope.
- If you need a check mailed to a vendor, please provide an envelope already addressed to the vendor.

**Questions:** E-mail PTSA Treasurer Liz Nord at [treasurer@northshorecouncilptsa.org](mailto:treasurer@northshorecouncilptsa.org)

### Treasurer's Use Only

Check # \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Account(s) \_\_\_\_\_