



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 gracejur@hotmail.com or give to me in person.
6. Allow **one week** turnaround.

Instructions for check delivery

- If delivery method is not specified I will bring to the next PTSA meeting and hand deliver.
- 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 Grace Jurado at gracejur@hotmail.com

Treasurer's Use Only

Check # _____

Amount Paid _____

Date Paid _____

Account(s) _____