

park jr high school ptc



Reimbursement/Check Request Park PTC

Requestor Name: _____

Phone: _____

Date Submitted: _____

Date Check Requested: _____

Check Amount: _____
(Sales Tax is not reimbursable)

Check Payable To: _____

Address: _____
To mail check to

Event: _____

Description of Items Purchased:

Chairperson Approval Signature:

(Checks will not be issued unless there is an approval signature of a person other than the person the check is payable to.)

Please attach copies of all invoices and receipts.