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CHECK #: _____

ATHEY CREEK MIDDLE SCHOOL PTSA CHECK AND EXPENSE REIMBURSEMENT REQUEST

DATE: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

DESCRIPTION OF EXPENSE: (PLEASE ATTACH RECEIPTS)

REQUEST MADE BY: _____

TELEPHONE NUMBER: (DAY/EVE) _____

TOTAL AMOUNT REQUESTED: _____

Expect checks to be paid within 1-2 weeks. If you need reimbursement faster call or e-mail the Treasurer.

TREASURER'S USE ONLY:

BUDGET CATEGORY: _____

CHECK AMOUNT: _____

DATE PAYMENT MADE : _____