Please complete this form when requesting reimbursement from the PT PTA Area Council for any expenses incurred on behalf of the AC. **Attach all receipts, invoices or order forms or check cannot be issued.** Submit your request within 30 days of the purchase or event date. If you use a credit card, PT PTA Area Council is not responsible for interest accrued should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount must have approval of the Executive Board and cannot be paid until the association votes to approve the overage. No reimbursement will be made without receipts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | |  |  | |
| **Requested By (Print Name & Sign)** | |  |  |  |
|  | | Name |  | Signature |
| **Reason for Check** | |  | | |
| **Make Check Payable To** | |  | | |
| **Address** | |  | | |
| **City/State/Zip Code** | |  | | |
| **Amount Requested** | | $ | | |
| **Instructions for Check Delivery (select one)** | | | | |
|  |  | Return check to Requester | | |
|  |  | Mail Check to **“Payable To”** listed above | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Instructions (if necessary):** | | | | |
| **Treasurer Use Only** | | | | |
| Date Received by Treasurer |  |  | | |
| Date Paid |  |  | | |
| Check # |  |  | | |
| Amount | $ |  | | |
| Account Debited |  |  | | |
|  |  | |  |  |
|  |  | |  |  |

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