**Reimbursement /Check Request**

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| **Requester Name:** |  |
| **Phone:** |  |
| **Date Submitted:** |  |
| **Date Check Requested:** |  |
| **Check Amount: (sales tax is not reimbursable)** |  |
| **Check Payable to:** |  |
| **Address: (street, city, state, zip code)** |  |
| **Committee/Budget Line Item:** |  |
| **Event/Teacher (if applicable):** |  |
| **Description of Items Purchased:** |  |
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| **Chairperson Approval Signature:**       |
| **For checks over $500, V.P. Approval Signature:**       |

**Check Request Procedures:**

1. Provide information above.

2. Attach all receipts or invoices. If sending via email, attach a photo or a scan of receipts or invoices.

3. Obtain the required signature(s).

* Check requests must be signed by the **Chairperson of the PTC Committee** or the V.P. responsible for the committee.
* Checks will only be issued if there is an approval signature of a person other than the person the check is payable to.
* For checks $500 or above, a V.P. signature is required in addition to the Chairperson signature.

4. Email the check request and appropriate forms to the PTC Treasurer at cossittptctreasurer@gmail.com