**Reimbursement /Check Request**

**\*\*If submitting this form by email, place your cursor in the first shaded box and
enter the information requested, tab down to access the other boxes.\*\***

|  |  |
| --- | --- |
| **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 (if applicable):** |       |
| **Description of Items Purchased:** |       |

**Required Signatures:** Type your name in the box below and email the form along with a scan or photo of the required receipts or invoices to: cossittptctreasurer@gmail.com If V.P. approval is needed please email everything to the appropriate V.P.

|  |
| --- |
| **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 the address above or place a hard copy in the Treasurer mailbox located in the Cossitt School office.