

LRMS PTSA Check Request/Reimbursement Form

Please complete within 30 days of expenditure.

Date submitted: _____

Budget Category (Event or Committee Name): _____
(Only one category per form)

Check to be made payable to: _____

Mailing Address: _____

Phone number: _____

Email address: _____

Date	Store/ Vendor name	Brief Description	Amount

Total Reimbursement _____

How would you like to receive your check? (check one)

- _____ Mail to the above business
- _____ Pick up from Treasurer
- _____ Teacher Mail Box (Teachers Only)
- _____ Mail to my home (must include self-addressed, stamped envelope with request)
- _____ Send home with my child. Child's name _____ Homeroom _____

Submitted by: _____ Date: _____
Signature

Approved by: _____ Date: _____
Treasurer's Signature

Please attach **ORIGINAL** receipts to the **BACK** of this form. Place completed form in PTSA Treasurer's mailbox. Contact **treasurer@lrmsptsa.com** with any questions.



Treasurer's Use Only

Check #	Amount	Date Disbursed