



JHS PTSA 7.3.95

REIMBURSEMENT/PAYMENT REQUEST FORM

This form enables the treasurer to pay expenses correctly and is a record of our expenditures. It protects all of us and must be completed for **all** payment requests.

- *Attach original invoices or receipts (REQUIRED for payment)*
- *Do not include any personal expenses on a receipt being reimbursed by the JHS PTSA*
- *Reimbursement deadline is June 15*

AMOUNT OF REQUEST: _____

DESCRIPTION OF EXPENSE: _____

MAKE CHECK PAYABLE TO: _____

EMAIL or PHONE #: _____

REQUESTED BY: _____ DATE REQUESTED: _____

ACTIVITY (Budget Account): [If dividing between multiple budget lines, please indicate the amount for each.]

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative Supplies & Copies | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Shoe Fund (Everett Council) |
| <input type="checkbox"/> Citizens for Everett Public Schools | <input type="checkbox"/> Incorporation/Solicitation Fees | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Clothes for Kids | <input type="checkbox"/> Individual Awards GA/OE/OA | <input type="checkbox"/> Summer Board Transition/Retreat Mtg. |
| <input type="checkbox"/> Cocoon House | <input type="checkbox"/> Insurance | <input type="checkbox"/> Summer Info Packets |
| <input type="checkbox"/> Community Assistance | <input type="checkbox"/> Jackson HS Scholarships | <input type="checkbox"/> Treasurer Software |
| <input type="checkbox"/> Community Programs | <input type="checkbox"/> Legislative Assembly | <input type="checkbox"/> Website |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Operation School Bell | <input checked="" type="checkbox"/> WSPTA Awards of Excellence |
| <input type="checkbox"/> Convention Donation | <input type="checkbox"/> President's Discretionary Funds | <input type="checkbox"/> WSPTA/NPTA/Council Member Fees |
| <input type="checkbox"/> Counselor Discretionary Grant | <input type="checkbox"/> Reflections | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family Advocate Discretionary Grant | <input type="checkbox"/> School & Classroom Grants | |

METHOD OF RECEIVING CHECK:

- Next Meeting/In Person Mail: _____
- Electronic Payment _____

PTSA President, Vice President, Treasurer or Committee Chair Authorization REQUIRED:
Person being reimbursed CANNOT sign this authorization — must be someone NOT receiving funds.

AUTHORIZED NAME (Print): _____

AUTHORIZED SIGNATURE: _____

DATE AUTHORIZED: _____

FOR TREASURER USE:

DATE REC'D: _____ BY: _____ CHECK #: _____
(Initials)

ENTERED IN MONEY MINDER: _____ DATE PAID: _____
(Date)