



# 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 1st*

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:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Next Meeting/In Person | <input type="checkbox"/> Mail: _____ |
| <input type="checkbox"/> 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)