

LCMA PTSO 2018-19

Reimbursement/Check Request Form

Check Payable to: _____

Amount: _____

Date: _____

Purpose of Expense: _____

Committee / Event: _____

Requestor's Name: _____

Signature: _____

Phone and Email: _____

Approved by: _____

Indicate where check should be sent (check one):

Put in my box

Will pick up in school office

Mail to:

All reimbursements must have receipt or invoice

Submit this completed form with the original invoice/receipt to the Treasurer.

Payment requests need to be turned in within 30 days of expenditure.

You must cash reimbursement checks within 60 days of the date the check was issued to assure payment.

Treasurer Use Only

Date check paid: _____

Amount: _____

Check Number: _____

Budget Category: _____

Budget Update: _____