

To be
reimbursed for
money you've
spent or to pay a
vendor

Glenmont Elementary PTA Check Request/Reimbursement Voucher

DATE OF REQUEST: _____

COMMITTEE/EVENT: _____ DATE: _____

SUBMITTED BY: _____
(Print Name) (Signature)

Chairperson signature (if different): _____

AMOUNT: \$ _____

PAY TO THE ORDER OF: _____

PAYEE CONTACT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

PAYMENT INSTRUCTIONS: (Please check one):

- Mail to above address.
- I will Pick Up the check.
- Send Check Home with: _____ (Child's Name)

Grade/Teacher: _____

Attach all applicable receipts/invoices/price quotes!

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Treasurer's Use Only

Date Request Received: _____
Budget Category: _____
Date Check Written: _____
Check #: _____

QuickBook Enter Date: _____
Entered By: _____
Reconcile Bank Statement: _____
Audit Date & Initials: _____