



SPRING FOREST MIDDLE SCHOOL PTA REIMBURSEMENT CHECK REQUEST FORM

Date Turned In: _____

Requester's Name: _____

Budget Line Item (if known): _____

Check Payable to: _____

Deliver to: _____

If check needs to be mailed, attach self-addressed, stamped envelope

Email Address: _____

<u>Description of Purchases</u>	<u>Place of Purchase</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

- * ATTACH ORIGINAL COPY OF ALL RECEIPTS**
- * NO REIMBURSEMENT WITHOUT RECEIPTS**
- * SALES TAX WILL NOT BE REIMBURSED**
- * CHECKS WILL BE DELIVERED TO PTA FILE UNLESS STAMPED ENVELOPE INCLUDED WITH REQUEST**
- * CHECKS WILL BE AVAILABLE WITHIN 7 DAYS**

For Treasurer's Use Only:
 Approv. POW: _____
 Date of Check: _____
 Date Entered: _____
 Check#: _____

***TREASURER CONTACT INFO: Jennifer Hammer**
 Phone: 713-724-8999
 Email: hammer.jennifer@gmail.com