

SES PTA CHECK REQUEST FORM for REIMBURSEMENTS

Please complete the form below, staple receipt(s) and contact the Co-Treasurer (Sue Staub @ 341-9460 or susanstaub@me.com) to arrange timely delivery of the Reimbursement.

Please draw a check in the amount of \$_____ payable to:	
Name _____	Phone _____
Address _____	
City & State _____	Zip _____
Event/Activity or Classroom: _____	
Purpose for which check is drawn (include items purchased, etc.) _____	
Date of Request: _____	Documentation/Receipt attached? YES NO
Signature _____	

Approved By: _____
(only if amount exceeds original budgeted amount needing Exec Board approval)

Date Paid by Treasurer _____ Check # _____

Please list receipts individually:

1. _____
2. _____
3. _____
4. _____

Total \$ _____

Saugatuck Elementary School PTA

170 Riverside Avenue
Westport, CT 06880