

**Strongsville High School PTA  
Reimbursement/Payment Request Form 2024-2025**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please issue a check for the following in association with SMS PTA.

Item and Description	Amount Requested	Treasurer use only Amount Reimbursed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<input type="radio"/> Reimbursement <input type="radio"/> Payment	Total Requested	Total Reimbursed

**\*Please attach all supporting documentation to this form.  
PTA does not reimburse for sales tax.**

Your Signature: \_\_\_\_\_

Committee: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Mail check to above address                       Contact me for pick up

Return this form to the PTA mailbox to the attention of the Treasurer. Contact me at:

Cinnamon Cifani  
13463 Richards Dr.  
[Ccifani33@yahoo.com](mailto:Ccifani33@yahoo.com)  
440-376-2883

Treasurer use only: Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_