

## PRMS PSA Check Request Form

**Date:** \_\_\_\_\_  
**Project:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date Needed:** \_\_\_\_\_

**Check Pick up**  
 Pick up from school office.  
 Pick up at next PSA meeting.  
 Mail to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Procedures

- \* Staple the original detailed invoice to this form.
- \* Circle or highlight the amounts on each receipt requested for reimbursement
- \* Place completed form and invoice in the PSA mail box located in the front office.
- \* Photocopy your forms for your own records.
- \* Checks will cut within 10 days of receipt.

Invoice Date	Description (Vendor + Item Desc./Purpose of Expense)	Total Amount
	<b>Total Due:</b>	

### Questions

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