

Shoreline PTA Council 6.12

Reimbursement Check Request Form

Reimbursement Procedure

Fill out this voucher, attach receipts and have the Committee Chair authorize. A **Committee Action Plan** must be submitted to the board of directors for approval at the beginning of the PTA year. The expenses must not exceed the approved budget, prior approval of the board of directors is also required before spending any amount over the approved budget. Mail or Email completed form to council treasurer.

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| Return the completed form by mail to:  Shoreline PTA Council 6.12  PTA Council Treasurer  P.O. Box 55832  Shoreline, WA 98155-5784 | Return the completed form by e-mail to:  [shorelineptatres@gmail.com](mailto:shorelineptatres@gmail.com) |
| Date: | Amount: |
| Check requested by: | |
| Check payable to: | |
| Committee: **Total:** | |
| Committee chair signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Check authorized by\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Reimbursement for: | |
|  | |
| **Check Delivery Options** | |
| Mail to: | |
| Leave in Shoreline PTA Council office | |
| Deliver in person  X | |
| Email and I will pick up | |

**\*Authorization must be made by current board member preferably over said committee.**

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| Treasurer use only  Date Paid: \_\_\_\_\_\_\_\_\_\_\_  Amount Paid: \_\_\_\_\_\_\_\_  Check Number \_\_\_\_\_\_\_  Notes: |