



Request for Funds/Reimbursement

Please complete the following information and submit with receipts to the PTA Treasurer directly or place in the PTA Treasurer mailbox and email the treasurer at treasurer@aldrinpta.com.

The PTA is not responsible for any lost reimbursement checks. If you would like a replacement check you must pay for the banks fees associated with a check stop payment.

Make check payable to: _____

Total Amount: \$ _____

Name requesting payment/reimbursement: _____

Date Submitted: _____

Items Purchased: _____

Receipt(s) Attached? _____ If no, please give explanation: _____

Special Instructions for check (what to do with it):

Signature: _____

* _____ *

* _____ *

*PTA President Signature Date _____ *

* _____ *

*Principal Signature Date (Required only for Aldrin staff) _____ *

* _____ *

*Check Number: _____ Date Paid: _____ *

* _____ *

*Budgeted Line Item: _____ *

* _____ *
