



CHECK REQUEST / REIMBURSEMENT FORM
Rose Hill Middle School PTSA

- 1. Please fill out this check request form and attach all receipt(s) to this form.
2. Itemize your receipts below and indicate what expense categories are being charged.
3. Have your committee chair/officer sign at the bottom.
4. Place in the Treasurer's envelope in the RHMS PTSA mailbox. Allow 7-14 days for reimbursement.

Date: \_\_\_\_\_ Check Payable To: \_\_\_\_\_

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select one:

- Request checkboxes: Please mail the check to (address); Please put this check into the PTA committee folder; Other:

1. Budget Category: \$ \_\_\_\_\_
Description of why and what was/will be purchased:

2. Budget Category: \$ \_\_\_\_\_
Description of why and what was/will be purchased:

3. Budget Category: \$ \_\_\_\_\_
Description of why and what was/will be purchased:

4. Budget Category: \$ \_\_\_\_\_
Description of why and what was/will be purchased:

(Use the back if you have more than 4 itemized expenses)

Total amount of all attached receipt(s):

Empty box for total amount

Committee Chair/Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: This form must be filled out completely and signed by the committee chair in order to receive a reimbursement.)

If you have any questions, please contact the Treasurer at Treasurer@rhmsptsa.org.

For Treasurer's Use Only:

Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Budget Category: \_\_\_\_\_

Other: \_\_\_\_\_