

PTSA Reimbursement/Contract Request Form

Please fill out this form **completely**, staple all receipts, and place it in the box labeled **PTSA TREASURER ONLY** in the PTSA office.

Name: _____

Date: _____

Room# or PTSA relationship _____

Budget Line Item: _____

Type of request:

_____ **Reimbursement (attach receipts)**

_____ Check in advance of purchase (you must provide receipts within one week of receiving the check)

_____ Contract for services (W-2 will be processed for amounts over \$600.00)

Social security number or EIN for contracts only _____

If the amount is over \$1000, it must be approved at a General Meeting.

Total amount: _____

Payments: _____

Date(s) needed: _____

Description of purchase or contract: _____

Check should be made out to: _____

Check should go to (circle one): HOME SCHOOL

Address (with Zip Code): _____

Contracts Only

Signature: _____ Date: _____

Signature of PTSA President and board member for contracts:

Date: _____

PTSA Payment Info:

Check #: _____ Category: _____

Date: _____