

# Mount Airy - Parr's Ridge Elementary School PTA



## REQUEST FOR REIMBURSEMENT & VENDOR CHECK REQUEST



Attn: Lisa Witt - Treasurer  
Please complete section I or II and section III

### Section I - Request for Reimbursement

Please attach all receipts to this form.

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_

Reason for Request:

### Section II - Check Request for Vendor

Please attach the **vendor invoice** to this form

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Invoice Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Reason for Request:

### Section III - Authorization

Requested by: \_\_\_\_\_

*Your Signature*

Authorized by: \_\_\_\_\_

*PTA Treasurer*

Return Payment to: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*Do not write below this line*

**G/L#:**

**Date Paid:**

**Note:**

When submitting **deposits**: List on the envelope -

-Your name

-Total submitted by - Checks and Cash

-Purpose/description of deposit - (example - Market Day Reimbursement)