

Swift Creek Elementary PTA
Reimbursement / Advance Request Form
 (Please complete within 30 days of expenditure)

Make check payable to:

Name: _____ Phone: _____

Address: _____

Email: _____ (for notification when check is ready)

Requested by: _____ Date: _____
 (signature)

Amount Requested: _____ Committee/Event: _____

Check one:

- Request advance payment
- Request reimbursement (attach receipts)
- Request payment of attached invoice

ITEMIZE EXPENSES BELOW

Date	Purpose	Amount	Sales Tax	Total
1.				
2.				
3.				
4.				

Use back of this sheet for additional expenses

Prior approval needed for expenses over \$50.00.

Approved by: _____ Title: _____ Date: _____

SUBMIT TO PTA TREASURER (Place in Treasurer's folder in PTA mailbox in the office mailroom)

For Treasurer's Use Only: Reconciled: _____

Check #: _____ Date Distributed: _____