

Check Number _____

Ragsdale High School PTSA Reimbursement/Check Request Form

Please attach receipts, invoices or order forms.

Today's Date _____

** Person/Organization check is to be made out to (payee) _____

** Amount requested _____

** Budget Chairman's signature _____
(i.e. head of beautification)

Person requesting funds if different from payee _____

** Budget Category _____
(i.e. beautification or teacher reimbursement)

** How you wish to receive this check: via mail include address, via student include A/A teacher or via teacher mailbox.

With the exception of checks requested prior to expenditure for specific amount to specific vendors with receipt supplied later, all checks require a receipt. If receipt is not attached and you still feel you should be reimbursed, please explain why.

** Required fields

Question? Contact Sara Lempp at 402-0407

Office Use Only:

Check Number _____

Check Amount _____

Sales Tax Amount _____

Date _____