Rachel Carson Elementary PTSA REIMBURSEMENT VOUCHER/CHECK REQUEST FORM

Please submit requests within 30 days of purchase
Final deadline for reimbursable budgeted expenses is June 1st
Please complete all portions and attach receipts or invoices to this form
Allow several weeks for processing
Submit completed form to treasurer@carsonptsa.org
Any questions contact treasurer@carsonptsa.org

 □ Reimbursement - Receipts must be within 30 days of purchase □ Invoice Payment □ Cash - Requires one (1) week notice prior to event. Include currency/coin breakdown 		
Date:		
Name of pe	erson submitting request:	
Email and/o	or phone:	
Make check	k payable to:	
Deliver to:	☐ Address: ☐ PTSA Box: ☐ Other:	
Committee	(if applicable):	
Total amou	nt payable:	
Explanation	n of expenses:	
Budget cat	egory (if known):	
Signature o	of person submitting reque	st:
Signature of chairperson (if different from above):		
***************** FOR TREASU	**************************************	**********************
Check number	er:	Received date:
Check date:		Budget account:
Check amour	nt:	Treasurer's signature: