

Island Park PTA - Check Request

Activity or Event Name _____

Teacher & Room # (if applicable) _____ Date _____

List purchase(s). Receipts or invoice required for all reimbursements:

Source/Store	Item(s)	Total (inc. tax)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Requested _____

Submitted by _____ Phone _____

All reimbursements must be approved by a person authorized to spend PTA funds. This request has been approved by the following person:

<u>Budget Category</u>	<u>Person Authorized</u>	<u>Check if Approved</u>
Activities/Events	Chairperson	<input type="checkbox"/>
Party Money	Room Parent	<input type="checkbox"/>
Teachers' Discretionary	Teacher	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>

Make check payable to:

Name (if different from above) _____

Address _____

Have you

- ☐ stapled all receipts or invoices to the back of this form?
- ☐ included an addressed envelope? (no stamp necessary)

Place in Treasurer's folder in Main Office or mail to **Reimbursements: Attn: IP Treasurer % Island Park Elem., 5437 Island Crest Way MI, WA 98040** (allow 2 weeks for processing)

For Treasurer's Use Only:

Date Paid	Account #
Check #	Account Name

