



Skyview Middle School PTSA 6.10.69
Check Request for Reimbursement of Expenses

Instructions for reimbursement:

1. Complete entire form -- be as complete as possible.
2. Attach detailed receipts to this form.
3. Put this form with detailed receipts in the PTSA mailbox.
4. Retain a copy of this form and your receipts for your records.

Committee: _____

Activity/Event: _____

Make Check Payable to: _____

Mailing Address
(If you want check mailed)

RECEIPT DATE	DESCRIPTION	AMOUNT
<i>TOTAL</i>		

Requested by: _____

Telephone or email address: _____

Date Requested: _____

Office Use Only

Authorized By: _____

signature of PTSA Board member