

Check Request / Reimbursement

Briar Glen PTC

YOUR NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	
DETAILED DESCRIPTION:	
<input type="checkbox"/> Reimbursement for out of pocket expense	<input type="checkbox"/> Check Request to pay invoice
CHECK PAYABLE TO:	AMOUNT: \$
FULL ADDRESS: (Your check will be mailed to you.)	

****Receipt(s) totaling the amount of reimbursement or an invoice for check request must be attached. Sales tax will not be reimbursed, so please be diligent in using the Tax Exempt Status letter when purchasing items for the PTC****

APPROVED BY (PTO OFFICER):	DATE: / /
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For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____