**DMA PTA**

**Request for Check/Reimbursement**

Please attach all relevant receipts in an envelope or via scanned copy/email and return to:

**Erin Battista, PTA Treasurer**

Form & Receipts can be mailed to me at: 526 Stenning Drive - Hockessin, DE 19707

 scanned and emailed to me at: eebattistafamily@gmail.com

 or placed in the PTA box in the school office (DO NOT LEAVE CASH IN THE MAILBOX!)

Questions? 302-379-2009 (cell)

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a cash advance? \_\_\_\_\_Yes \_\_\_\_\_No

Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list each receipt separately and include a clear description of the expense and the amount to be reimbursed for each receipt.

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| --- | --- |
| **RECEIPT DESCRIPTION** | **AMOUNT** |
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|  |  |
|  | **TOTAL:**  |

Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Note\*\* Receipts must be turned in within 30 days of incurring expenses and no later than June 10. Receipts which are not clearly legible cannot be reimbursed.***

**Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Check: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**