Daniels Middle School PTA
Request for Check Reimbursement/Payment

Date: ______________ Approved by: ______________________________
PTA President

Approved by: ______________________________
Committee Chair (if applicable)

Pay to: ____ (Name)

____ (Address)

____ (City, State, Zip)

Amount Requested: ____________________

Date Reimbursement/Payment Needed: ______________

Requested by: ___________________________________(Name)

___________________________________(Committee)

Purpose of Expense: ____

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Notes: ____

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PLEASE ATTACH RECEIPT(S) OR INVOICE(S)

Attach self-addressed stamped envelope if you want reimbursement or payment to be mailed.

PLACE COMPLETED FORM IN PTA TREASURER’S BOX AT SCHOOL

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FOR TREASURUER’S USE ONLY

Check Date: ____________________ Check Number: ______________

Account Charged: ____________________ $ __________________________

Account Charged: ____________________ $ __________________________

Account Charged: ____________________ $ __________________________

Sales Tax $ ________________________

Check Amount $ ________________________

Treasurer’s Signature: ____

Questions? Contact Lynne Hornaday – 522-1452(c); 785-1963(h); hornadays@nc.rr.com