

**2024/25 RHMS PTA Check Request Form
 for Advance Payment or Reimbursement**

- Attach original receipts for reimbursement.
- Requests from teachers require the principal's approval.
- Requests from parent volunteers require the event sponsor teacher's signature.
- Requests for advance payment must be made at least 28 days (4 weeks) before payment is needed.
- Note: Gift Cards are not eligible for PTA reimbursement.
- All requests for payment must be submitted to the PTA with the principal's approval on or before May 31, 2025 for this school year. No Exceptions.
- All checks must be deposited before June 30, 2025 (the end of PTA's fiscal year). Any outstanding checks will be considered donations back to the PTA per Principal.

INCOMPLETE FORMS WILL BE RETURNED. Please keep a copy for your records.

CHECK REQUEST DETAIL

Please complete all applicable fields. Please attach a copy of your approved event planning document or grant request.

 Name/Payable to: _____ PTA Position: _____
 Email: _____ Phone: _____
 Expenditure is/was for: _____ Date (if event-related): _____

List Expenditures:

 Description: _____ \$ _____
 Description: _____ \$ _____
 Description: _____ \$ _____
 TOTAL Expense \$ _____
 Amount Claimed from Above (TCF \$200 max/year) \$ _____
 Amount of Unclaimed Expenses (Donated to PTA) \$ _____

TOTAL Reimbursement Claimed \$ _____

Preferred Method of Delivery:

-
- PTA Box
-
-
- Teachers Box
-
-
- U.S. Mail (Provide address below):

 Street: _____
 City: _____ Zip: _____

Authorizing Signatures:

 Requestor's Signature: _____
 Event Sponsor Signature: _____
 Principal's Signature: _____

PTA TREASURER USE

-
- Membership Approved Activity
-
-
- Funds Released By Membership
-
-
- Executive Board Approved Expenditure

Officer Signatures:

 PTA President: _____ Date: _____
 PTA Secretary: _____ Date: _____

Check Number:	Category:	Amount Approved:	Date Approved in Minutes:
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