

## 2023/24 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.
- All requests for payment must be submitted to the PTA with the principal's approval on or before May 31, 2024 for this school year. No Exceptions.
- All checks must be deposited before June 30, 2024 (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) \$ \_\_\_\_\_

Less Advance Payment Received \$ \_\_\_\_\_

**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: