



**DR. CHARLES R. DREW ELEMENTARY PTA
Check or Reimbursement Request Form**

Complete this form and place in the Treasurer’s mailbox at the school, or scan and email to Treasurer@drewpta.com and responsible PTA Board Member. Please submit all requests for reimbursements within 10 business days.

Please attach all invoices and receipts to this form and list them in the table below. Include a brief description of items by category (budget account).

The PTA Treasurer will process checks and reimbursements within 10 business days.

Requestor: _____

Date of reimbursement request: _____

Date of expense(s): _____

Check to be made payable to (if different): _____

(Please present our Sales Tax Exemption Certificate to the vendor to receive a tax-free invoice.)

Description (Budget Account)	Amount

Signature of Requestor: _____ **Total:** _____

Leave check in the PTA box at school and email me when it’s ready (I’ll pick it up).

Email: _____

A self-addressed *stamped* envelope is attached. Please mail the check to me.

Address: _____

Mail directly to vendor at address: _____

Other: _____

Questions? Please email Treasurer@drewpta.com.

Treasurer’s Use Only		
Approval of PTA Officer: _____	Date: _____	
Signature of PTA Treasurer: _____	Date: _____	
Date of Check: _____	Amount: \$ _____	Check # _____