

Fairlands PTA  
Reimbursement or Check Request Form  
(Please attach all receipts or invoices)

Date \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Check to be: \_\_\_\_\_ mailed or \_\_\_\_\_ delivered to office mailbox

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special instructions: \_\_\_\_\_

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<u>Event/Activity</u>	<u>Expenditure Description</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____

Approved by \_\_\_\_\_ President

\_\_\_\_\_  
Secretary  
(Please attach all receipts or invoices)