**Timbercrest Middle School PTSA**

**Request for Payment / Reimbursement**

**For Reimbursement of personal funds used for PTSA reimbursable expenses:**

1. Fill out form below in full. Be as complete as possible!

2. Attach all receipts to top (original) copy. THIS IS NOT OPTIONAL.

3. Submit the entire original to your Committee Chairperson for approval of expenses and then the original signed copy and original receipts should be given to the Treasurer in the PTSA mailbox in TMS office. Email treasurer letting them know it’s there.

4. Requestor and Chairperson should keep a copy for their records.

# DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUESTED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Itemize purchases below and attach ORIGINAL Receipts

# PLEASE DO NOT COMBINE PERSONAL AND PTSA TRANSACTIONS ON THE SAME RECEIPT

|  |  |  |
| --- | --- | --- |
| **Event** |   |   |
| **Committee Chair or PTSA Pres. Approval** |   |   |
| **Where Purchased** |  **Item Description** | **$ Amount** |
|
|   |   |  |
|
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| **Total** |   | **$** |

# *Please use the back to itemize additional purchases.*

**Reimbursement instructions:**

1. All requests should be submitted within 2 weeks of the event or purchase date
2. Attach original receipts – not copies. Do not combine personal and PTSA transactions on the same receipt
3. All fields must be complete
4. Approvals – Committee Chair or Officer must provide approval prior to submission
5. The treasurer will leave a check in the PTSA mailbox for you. If you would like it mailed, please attach a self-addressed stamped envelope.

**Treasurer Record**

Date Paid Check # Amount Paid