

Bowman Middle School PTA

Check Request/Reimbursement Voucher

(Please submit request within 30 days of receipt, invoice, and/or event)

Date of Request: _____

Date Needed: _____

Requesting PTA Board Member & Phone #: _____

Total of Check Request: **\$** _____ -

Request Minimum = \$10.00

Please circle Check Delivery Method:

Pick Up

PTA Chairman
Folder

Mail To Vendor

Invoice Number: _____

Pay to the Order of: _____

Address: _____

City, State, Zip: _____

Budget Line Item:	Amount:
_____	_____
Budget Line Item:	Amount:
_____	_____
Budget Line Item:	Amount:
_____	_____
Budget Line Item:	Amount:
_____	_____
Total:	
\$ _____ -	

Place of Purchase	Item(s)	Amount
Total of Check Request:		\$ _____ -

Remarks

Treasurer's Notes
Date Received: _____
Date Paid: _____
Check Number: _____
Check Amount: _____

Treasurer's Signature: _____

Date: _____

President's Signature: _____

Date: _____

*Please note: This form must have attached receipt(s) and/or invoices for the amount requested. (Circle the total to be paid on the receipt or invoice.)
SALES TAX WILL NOT BE PAID. No disbursements will be made without a receipt.*