

CHECK REQUEST/REIMBURSEMENT FORM

Please complete the form in its entirety.

Original receipt or invoice is required for reimbursement.

Brown Summit
Middle School



Center For
Advanced Academics

PTSA

everychild.one voice.

Requested by: _____

Date: _____

Make check payable to: Requester

Other recipient: _____

Check delivery method: Mail to address (if not on invoice): _____

Hand deliver / Special instructions: _____

Amount: \$ _____ Budget Line: _____

Purpose/Description/Activity: _____

Authorized by: _____ Authorized by: _____
President / VP Date (only if request made by President) Date

For Treasurer's use only

Date Paid: _____ Check #: _____ Amount: _____

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