John T. Baker Middle School PTA

2014-2015

Payment Reimbursement/Check Request Form

Date of Request: ______________________________________________
Requested by: ______________________________________________
Contact Phone Number/E-mail: ________________________________
Make Check Payable to: _______________________________________
Mail Check to (if applicable): _________________________________
Activity or Event: ___________________________________________
Itemize Expenses:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Amount of Payment: _________________________________________
Committee Chair Approval: __________________________________

Signature and Date

_____ Mail check to me
_____ Mail check directly to merchant for payment
_____ Put in my school mail box

PLEASE ATTACH ALL RECEIPTS so your request can be processed

Any questions, please contact: Natasha Wilkerson, PTA Treasurer at 301-253-8655, wilkv3@aol.com

(For Treasurer use only)
Date Paid: ____________ Check No: ____________
Account Charged: ___________________________________________