

MATSUNAGA PTA

CHECK/REIMBURSEMENT REQUEST

Please check **ONE** of the following:

_____ Check Request – Please attach support for the amount requested

_____ Reimbursement – Receipts **MUST** be attached

Note: Please return to treasurer's box. Allow **TEN BUSINESS DAYS** from the date submitted. If you have questions, contact Sherry Gowarty by phone 240-686-1177, or by e-mail at sherrygowarty@yahoo.com.

Date: _____ Submitted by: _____ Phone: _____

Payable to: Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

In the Amount of: \$ _____

Budget category(s) to be charged (if unknown, please note purpose of expense):

Check disposition (please choose one): _____ Return to Submitter _____ Forward to Payee

For treasurer's use only:

Approved by: _____
Signature

Title

Approved by: _____
Signature

Title

Amount Paid: \$ _____ Date Paid: _____ Check Number: _____