

John Stewart Elementary PTN
Reimbursement/Check Request Form

Date of Request: _____

Name of Requestor: _____

Email of Requestor: _____

Make Check Payable To: _____

Please Itemize expenditures and attached ALL receipts. Sales tax is NOT reimbursable.

Expense: _____ \$ _____

Expense: _____ \$ _____

Expense: _____ \$ _____

Expense: _____ \$ _____

Expense: _____ \$ _____

Total Reimbursement \$ _____ -

Check Delivery: Send Home With Child Mail Check Other

Send Home With Child: _____
Name of Child/Teacher

Mail Check To: _____
Street Address, City, State, Zip Code

Check Delivery Other: _____

Signature of Approval: _____ _____
Board Member Date

For PTN Treasurer Use

Date Paid: _____

Check Number: _____