Make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send check to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Street address, city, zip)

**Signature of Person Requesting Reimbursement Check:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expense Date | Description of Purchase  | Budget Line Item/Event/Committee | Person responsible for this line item? (Chairperson/Board Member/Advising Teacher/NMS Staff) | Expense $ |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | Total Reimbursement Request |  |

An **original invoice or receipt must be included for each expense listed; please attach them to the form.**

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Date:\_\_\_\_\_\_\_\_\_\_\_

Remember to make photocopies of invoices or receipts (if needed for any reason); they will not be returned.

Place completed Reimbursement Request Form in the Treasurer folder in the wooden pullout box labeled PTSA located below the staff mailboxes in the office. Please allow up to 3 weeks to receive your reimbursement. All PTSA checks written require two signatures, so last minute requests may be difficult to fulfill.

**Please submit requests no later than June 15, and deposit checks no later than June 30.**

Thank you,

NMS PTSA Treasurer, treasurer@nms-ptsa.org