

**STRATFORD PTSA
REIMBURSEMENT CHECK REQUEST FORM**

Date turned in: _____

Requester's Name: _____

email address: _____

Budget Line Item: _____

Check Payable to: _____

Deliver to: _____

*sales tax will not be reimbursed

*attach original copy of all receipts

<u>Description of Purchases / Place of Purchases</u>	<u>Amount</u>
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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TOTAL: \$ _____

Treasurer's use:
check # _____
date of check: _____
date entered: _____

Treasurer:
Jennifer Bradshaw
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Houston, TX 77079
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cell phone: 281-380-8226