

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*

Description of Purchases / Place of Purchases Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: \$ _____

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

Treasurer:
Kim Wood
14519 Kellywood Lane
Houston, TX 77079
kimwood714@yahoo.com