

## 2023/24 Marshall Lane PTA Check Request Form for Vendor Payments or Reimbursement

- Attach original receipts for reimbursement.
- Requests from parent volunteers require authorization from the committee or event chairperson.
- Place completed forms with receipts in the Treasurer's Box found in the main office.
- Please keep a copy for your records.
- Final Association Meeting for 2023/24 is May 24, 2024. Please make every effort to submit requests for payment no later than May 22, 2024.
- If expenses are expected after this date, please email [treasurer@marshalllanepta.org](mailto:treasurer@marshalllanepta.org) so the amount can be pre-authorized for disbursement.

**Please note:** Gift cards (or other cash equivalents) are not eligible for reimbursement through the PTA.

### CHECK REQUEST DETAIL

Please complete all applicable fields. Please attach any relevant supporting documentation.

Requestor Name: \_\_\_\_\_ Payee (if different): \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Expenditure is/was for: \_\_\_\_\_ Date (if event-related): \_\_\_\_\_

List Expenditures:

Vendor / Description: _____	\$	_____
Vendor / Description: _____	\$	_____
Vendor / Description: _____	\$	_____
Vendor / Description: _____	\$	_____
Vendor / Description: _____	\$	_____

<b>TOTAL Amount Requested</b>	\$ _____
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Preferred Method of Delivery:

- PTA Box  
 Teachers Box  
 U.S. Mail (Provide address below):

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorizing Signatures:

Requestor's Signature: \_\_\_\_\_

Signature of Committee  
(or Event) Chairperson: \_\_\_\_\_

### PTA TREASURER USE

<input type="checkbox"/> Membership Approved Activity <input type="checkbox"/> Funds Released By Membership <input type="checkbox"/> Executive Board Approved Expenditure	<p><b>Officer Signatures:</b></p> <p>PTA President: _____ Date: _____</p> <p>PTA Secretary: _____ Date: _____</p>
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Check Number:	Budget Category:	Amount Approved:	Date Approved in Minutes:
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