



HOME OF THE
VIKINGS!

ANDERSON MIDDLE SCHOOL

PTSA

REIMBURSEMENT & CHECK REQUEST

Please fill out this form completely. Receipts, invoices or contracts must be attached in order to receive reimbursement payment. Return form and all documentation to the treasurer. Please keep a copy of this form and all attachments for your records.

Name _____ Date _____

PTSA Event _____

Description of Expense: _____

Expense Amount: _____

Make check payable to: _____
(if reimbursement, use your name; if payment, please list name of vendor)

Mail check: Mailing address: _____

Deliver to: _____

		Amount
FOR TREASURER'S USE ONLY		
Approved by	_____	Date _____
Approved by	_____	Date _____
Check #		