EMS PTA Check Request/Expense Form

1. I AM REQUESTING (check one):
   □ Reimbursement check (most common)
   □ Payment to a vendor
   □ Tax receipt for donating expenses I paid
   □ Providing information on items I purchased using a donated gift card.

2. EXPENSE INFORMATION: (**Attach original receipts/invoices required by IRS.**)
   Budget line item/event: __________________________________________
   (example: Teacher Appreciation, Go Wild for EMS, etc.)
   Signature of Committee Head: ________________________________________

<table>
<thead>
<tr>
<th>Receipt Date</th>
<th>Store Name</th>
<th>Items Purchased</th>
<th>Amount</th>
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   Total $ ______________

3. REQUESTOR CONTACT INFORMATION AND SIGNATURE:
   Name: ____________________________________________________________
   Phone#: __________________________________________________________
   Address: _________________________________________________________
   ________________________________________________________________

   My signature confirms that all expenses submitted above were for the benefit of the EMS PTA only.

   X ___________________________________________ Date: __________
   (Please sign above this line.)

   • Please leave this completed form including original receipts or invoices in the PTA Treasurer’s mailbox in the office of either school or bring to any PTA meeting.
   • Please allow up to 2 weeks for processing. Please contact me if you need it more quickly.
   • Reimbursement checks and tax receipts will be mailed to the address provided above. Checks to vendors will be mailed to the address provided on the vendor invoice.
   • Questions? Please contact the PTA Treasurer, Laurie Avery at emsptatreasurer@gmail.com or 303-437-9687.