

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: _____

Receipt Date	Store Name	Items Purchased	Amount

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.