

GATEWAY MIDDLE SCHOOL PTSA REIMBURSEMENT/PAYMENT REQUEST FORM

This form enables the Treasurer to pay expenses correctly and is a record of our expenditures. It protects all of us, and must be completed for all payment requests.

**Attach invoices or receipts (REQUIRED FOR PAYMENT) and
email to gatewayptsa7.3.72@gmail.com**

Please do NOT include any personal items on a receipt being reimbursed by the PTSA.

Activity (Budget Account): _____

Amount of Purchase: _____

Description of Expense: _____

Make Check Payable To: _____

Phone Number or Email: _____

Method of Receiving Check:

~~1) Student Mail:~~ _____

Student Name _____ Block Teacher's Name _____

(Please Note: If check is lost via student mail you will be held responsible for all Stop Payment fees incurred by the bank)

~~2) PTSA Mailbox:~~ _____

3) US Mail: _____

4) Other: _____

Requested by (Print): _____

Requested by (Signature): _____

Date Requested: _____

Chair, VP of Volunteers, or President Signature: _____

TREASURER'S USE:

Date Paid: _____

Check #: _____

Input in Money Minder: _____