



Union Township School PTA Reimbursement / Check Request Form

Please complete this form and submit directly to the Treasurer, or drop off at the UTES or UTMS office within 30 days of the expense. This form must have receipts, invoices, or other proof of expenses attached in order to receive reimbursements. Please RETAIN COPIES of this completed form and all attached receipts, and allow 30 days for check distribution.

Requested by: _____

Date: _____

Amount: _____

Payable to: _____

Address/special request where check is to be sent: _____

Reason for check: _____

Please itemize all expenses for which reimbursement is requested. List each receipt, fee, charge, etc. separately. The sum should equal the total amount written above.

**** FOR TREASURER USE ONLY ****

Budget Category: _____

Authorized Signature: _____

Check Number: _____

Date Paid: _____

Any questions or concerns, please contact the PTA Treasurer:

Kelly Flynn * 11 Wolfs Farm Rd, Hampton 08827 * utsptatreasurer@gmail.com