Haycock PTA Reimbursement/Check Request

Your name:		Phone 1:
Email address:		_ Phone 2:
Date submitted:	_ Budget category:	
Amount: \$		
Make payable to:		
Check one:		
☐ Send directly to payee at:		
☐ Put in my committee folder: Comm	nittee	
☐ Send it to my home address at:		
Receipt(s) or invoices totaling the amount of payment <u>must</u> be attached. Please circle or highlight the total on <u>each</u> receipt and list below. Use the back of this form if needed.		
migninght the total on <u>each</u> receipt	and list below. Use th	ie back of this form if needed.
For treasurer's use only:		
Category:	Logg	ed:
Check #:	Date	mailed/put in folder:
Dated:		