

Mt. Pleasant PTA Check request form
9 Manger Road, West Orange, NJ 07052

Event / Activity Name:

Event Chairperson (if applicable):

Date:

Allocated Budget:

Expenses: If requesting a reimbursement please itemize and attach receipts.
 If requesting a direct payment, be sure to attached invoice or backup justifying expense.

Remit payment to:
 Address:

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| Vendor | Amount | Explanation |
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| | | |
| Total Check or Reimbursement Requested: | | |

Chairperson Signature/Date

Treasurer Signature/Date Upon Receipt

Date mailed or picked up:

Check #:

Allocation:

All reimbursements must be submitted within 14 days. After 14 days out of pocket expenses are considered a donation.