**Pot Spring Elementary School PTA**

**Check Requisition/Reimbursement Request**

Return Completed Form to: Tim Reuter, Treasurer (pseptatreasurer@gmail.com ● 410.665.3373)

![Please attach copies of all pertinent receipts or invoices]

Name: ___________________________ Date: __________________

Address: ___________________________________________________________

Phone: ____________________ Email: ________________________________

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### Activity/Event/Overall Purpose

(e.g., Race for Education, Spring Fling, Teacher Supplies Reimbursement, Movie Night, Faculty Appreciation): __________________________________________________________________________

Is this a:  
- [ ] Request for issuance of a check to a third party?
- [ ] Request for reimbursement of expenses you have paid or incurred?

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**If request for third-party check:**

Amount Requested: $_____________

Payable to: ___________________________ Date Needed: ______________

- [ ] Return to you? OR  
- [ ] Mail to: ___________________________________________
  
  *(Payee Address if Not as Shown on Attached Invoice/Statement)*

**If request for reimbursement:**

Total Amount Requested: $_____________

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