



1 Drury Lane - Derry, NH 03038

NAME OF COMMITTEE \_\_\_\_\_

NAME OF PERSON REQUESTING CHECK \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

BUDGET CATEGORY \_\_\_\_\_

Purpose of Expenditure (please be specific) \_\_\_\_\_

**TO WHOM SHOULD CHECK BE PAID:**

TOTAL REIMBURSEMENT AMOUNT

NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDER FORMS, ETC.**

Reminder: Expenses cannot be reimbursed without this original documentation.

**DO NOT WRITE BELOW THIS LINE.**

**AUTHORIZED BY:**

\_\_\_\_\_  
PTA Treasurer's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_\_  
PTA President's (or President-Elect's) Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

**FOR TREASURER'S USE ONLY**

Check Number: \_\_\_\_\_

Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Information: \_\_\_\_\_