

TREASURER'S USE ONLY

Date Paid:	
Check #:	
Category:	
Verified w/ Stmt:	

FRANKLYN S. BARRY SCHOOL PTA EXPENSE REIMBURSEMENT / CHECK REQUEST

DATE: _____

COMMITTEE / EVENT: _____

Date of Purchase	Company/Vendor	Items Description	Purchase Total	Verified

TOTAL EXPENSE:	-	
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Signature: _____

Make Check Payable to: _____

Child: _____

Teacher: _____

CHECKS CAN ONLY BE PROCESSED AFTER ALL NECESSARY RECEIPTS ARE INCLUDED. PLEASE STAPLE RECEIPTS IN THE SPACE BELOW OR ON AN ATTACHED PIECE OF PAPER.
