



Hornsby PTSA Reimbursement/Check Request Form

Treasurer on Duty 2020/21: Cindy Carlson – cindy.heff.carlson@gmail.com – 919.358.4091

PLEASE INCLUDE ALL RECIEPTS OR INVOICES OR NO REIMBURSEMENT

Date: _____ **Check made out to:** _____

Requestor Name: _____

Requestor Phone and/or email: _____

Purpose: _____

Budget Categories - Enter dollar amount in each category that applies.

Programs Expenses:

- | | |
|-------------------------------------|--|
| \$ _____ Beautification | \$ _____ Mini Grants |
| \$ _____ Coffee Cart | \$ _____ Reflections |
| \$ _____ Educational Programs | \$ _____ School Safety |
| \$ _____ End of Year Celebrations | \$ _____ Spelling Bee |
| \$ _____ Faculty/Staff Appreciation | \$ _____ Stepping Up Ceremony (8 th) |
| \$ _____ Honor Roll | \$ _____ OTHER-Misc Program/Special Event (describe) |
| \$ _____ Hospitality | _____ |
| \$ _____ Mailbox Treats | |

Fundraising Expenses:

- | | |
|---------------------------------------|----------------------------|
| \$ _____ Box Tops | \$ _____ Hawk Hike |
| \$ _____ Dance: 8 th Grade | \$ _____ Shopping Programs |
| \$ _____ Dance: Purple & Gold | \$ _____ Spirit Wear |

Other PTA Expenses:

- | | |
|--------------------------------|-----------------------------------|
| \$ _____ Insurance | \$ _____ Supplies/Admin Costs |
| \$ _____ Membership | \$ _____ Leadership Training/Conf |
| \$ _____ National & State Dues | \$ _____ Yearbook |
| \$ _____ PTA Council Dues | |

Total Reimbursement Check Amount \$ _____ (must equal receipts total)

Delivery Method: **Mailing Address** – if you would like it mailed, please include a self-addressed stamped envelope; **Leave in PTSA mailbox in Front Office Mailroom;** **Pick up at next PTSA Meeting or Other instructions** –

TREASURER USE ONLY: Check # _____ Payment Amount: _____ Paid Date: _____