***Instructions:***

* *Complete this form in its entirety*
* **\*\*SIGNATURE REQUIRED\*\*** *Sign the form in the space marked “Signature of Submitter”*
* *Scan all receipts or invoices (checks will not be processed without receipts or invoices attached)*
* *Email SIGNED form and all receipt scans/attachments to* *ptatreasurer@esms.org*

|  |  |
| --- | --- |
| SUBMITTED BYName:   | Date Submitted:  |
| Event Chairperson:   | Email/Phone:   |

Amount of Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to mail check to

OR hold instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event, program, project

or purpose:

**\*\*\*SIGNATURE REQUIRED BELOW\*\*\***

**Signature of Submitter:** \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTA Officer/Chairperson Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Teachers do not require PTA Officer approval for classroom supplies reimbursement provided such reimbursement requests do not exceed the budgeted amount per teacher for the school year.*

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**(For treasurer’s use only)**

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget line item charged:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_