

# Request for Reimbursement, Payment of Invoice, or Cash Advance

Valentine Hills PTA 2008-2009

Please accurately complete Part A below to ensure timely response to your request. Receipts and/or invoices MUST be attached in order to process reimbursements or payment.

Two signatures are required on every PTA check. All requests received (or placed in the PTA mailbox in the school office) by noon of the Friday before a scheduled PTA meeting will be processed and ready for distribution at the following PTA meeting. If you are unable to attend the meeting, the check will be mailed to the address indicated below or distributed to your child via the office at school. Please notify the treasurer for alternate arrangements.

If you are requesting reimbursement for more than one activity on a single form, list the individual amount for each activity on the same line as the description. The "Amount of Request" will be the total.

Thank you,

Leta McDonald and Jane Kennedy, Valentine Hills PTA Treasurers

[princessofmayhem@aol.com](mailto:princessofmayhem@aol.com) / [janeekennedy@msn.com](mailto:janeekennedy@msn.com) (651-633-0962)

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## Part A

Date Submitted: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer type (circle one): Teacher      Team Leader      Other \_\_\_\_\_

Type of Request (check one):  
 **Payment** (attach the invoice)  
 **Reimbursement** (attach receipts)  
 **Cash Advance**

**Amount of Request** \_\_\_\_\_

Description of activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For reimbursement or payment checks, to whom should the check be written?

This address will be used as a mailing address unless otherwise noted.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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## Part B (For Treasurer Use Only)

Budget Account Title	Amount
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_____	_____
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_____	_____
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Verified by: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Check #: \_\_\_\_\_