

**Reimbursement/Check Request Form
Mill Creek Towne ES PTA**

Requester's Name: _____

Date of Request: _____

Amount: _____

Budget line item to be charged: _____

Check to be made payable to: _____

I certify that the amount requested is for expenses incurred, or to be incurred, on behalf of Mill Creek Towne PTA

Signature of Requestor: _____

Approval:

MCTES PTA Officer*: _____ Date: _____

* Must be an Officer other than the Requestor or Treasurer.

Treasurer to Fill Out:

Budgeted amount available: _____

Is the amount requested equal to or below this amount? ____ Yes ____ No

If no, provide explanation: _____

Date of Reimbursement: _____

Check Number: _____