

**ORADELL PTA
CHECK REQUEST**

&

REIMBURSEMENT FORM

Please complete the information below and submit with receipts (receipts must be attached for reimbursement) to 1st VP, Marie Antonelli.

Name: _____
(person to whom check will be made payable)

Committee: _____

Reason for
Check: _____

Receipt information:

Store: _____

Date: _____

Amount: _____

Signature of Person Requesting Check: _____

Committee Chair Signature: _____
(If not same as person above)

APPROVAL

Date: _____

1st Vice President: _____

Treasurer: _____

Check#: _____

Payee: _____

Amount: _____