

**Check/Reimbursement Request  
KEY SCHOOL PTA**

**Please assist us in assuring our expenses are properly recorded.**

**Requestor's Name:** \_\_\_\_\_

**Budget Item / Program:** \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

**Payable to (if other than Requestor):** \_\_\_\_\_

**The IRS requires the PTA to substantiate expenses with ORIGINAL receipts.**

**Explain ♦♦♦ Describe ♦♦♦ List Subtotals**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for supporting Key School!**

**Approved by (and date):** \_\_\_\_\_

**Additional approval (over \$100 and non-budgeted expenses):** \_\_\_\_\_

**PTA Budget Category / Year:** \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_