



Request for Check or Reimbursement

Request Date: _____

Name: _____

Reimbursement Amount: \$ _____

Description/intended use of item(s) purchased:

How would you like the check to be delivered:

- Kid-mail - Teacher Name: _____ Child Name: _____
- Staff Mailbox
- Mail - Address: _____
- Other: _____

Please submit this form along with original receipt(s) to the PTA inbox in the Briarwood Admin Office. (A canceled check or copy of a credit card bill does not qualify as a receipt.) Please keep a scanned copy of any submitted receipt(s) until you have received reimbursement funds. If non-reimbursable items are included on the receipt, clearly highlight or circle items to be reimbursed. Please contact the PTA Treasurer with questions at briarwood.pta.treasurer@gmail.com. Checks will be processed monthly.

Treasurer Use Only

Check # _____ Date: _____ Amount: \$ _____ Category: _____