

# Maple Hills Elementary PTA

15644 204<sup>th</sup> Avenue SE • Renton, WA 98059



## Reimbursement Request

**Please attach receipts or bills to this form. All reimbursements are REQUIRED to have a receipt or bill for proper record keeping**

***Please email the Treasurer ([treasurer@maplehillsppta.com](mailto:treasurer@maplehillsppta.com)) for instructions on how to submit reimbursement. Reimbursements will be processed as quickly as possible; however, please allow up to 2-4 weeks for the reimbursement to be completed. If a check is required for an outside supplier, the vendor will be paid directly by the PTA Treasurer, upon approval, unless instructed otherwise. Non-vendor checks will be placed in the PTA mailbox, in an envelope labeled with the requestor's name. Treasurer will call or e-mail the requestor when the request is completed. Checks must be cashed within 90 days or will be VOIDED.***

*Questions? Email the PTA Treasurer, at [treasurer@maplehillsppta.com](mailto:treasurer@maplehillsppta.com) Thank you!*

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME TO MAKE THE CHECK OUT TO: (if different) \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

BUDGET CATEGORY (if known): \_\_\_\_\_

EXPLANATION (What the money was/will be used for): \_\_\_\_\_

SIGNATURE OF PERSON SUBMITTING: \_\_\_\_\_

### FOR TREASURER USE ONLY

CHECK MADE OUT TO: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_ CHECK DATE: \_\_\_\_\_

CHECK AMOUNT: \$ \_\_\_\_\_ BUDGET CATEGORY: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_

Comments: \_\_\_\_\_