2016-17 Cypress Woods Elementary PTA
Check or Debit Purchase Request Form

Requestor's Name: _____ Date: _____

Phone #: _____ Email Address: _____

Committee/Event: _____

Approved By: _____ Date: _____

Check Payable To: _____ or

Debit Purchase To: _____

Please indicate where check should be sent (check only one):

- ☐ Put in my box at school
- ☐ School Office (will pick up)
- ☐ Other/Mail To: _____

** Please submit this completed form along with the orginial invoice/receipt(s) to Attn: Treasurer and place in PTA mailbox

** Check requests made by Thursday each week will be reimbursed by the following Friday

******* All reimbursements must have receipt or invoice *******

** Payment requests must be made within 15 days of expenditure.

** Reimbursement checks must be cashed within 60 days of check issued date to ensure payment.

Detailed Information:

Date	Invoice # / Retailer / Itemized Items	Budget	Amount
	TOTAL		

Treasurer's Use Only

Check Date: _____ Check # _____

Amount $ _____

Monthly Statement/Check cleared: _____

Budget Updated: _____