



CHURCHILL PTA
Request for Check Re-imbusement

Date: _____
Requested by: _____
Phone Number: _____
Address: _____
Amount \$ _____
Payable to: _____
Event: _____
Reason for Check: _____

Number of receipts attached to this form: _____

Mail check to vendor (include address below) or

disburse check to person requesting form

(Please check one) Vendor address: _____

This expense voucher must have receipts, invoices, contracts or order forms attached.

Request should be delivered to Lisa Alper McCawley, Treasurer for re-imbusement.
Any questions, please call 732.432.8319 or 212.806.4539 or e-mail
churchillpta@yahoo.com

Check #	_____
Date Issued	_____
Amount \$	_____
G/L Account Charged	_____