

HAMMARSKJOLD 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  
hmspta@yahoo.com

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