



PTSA Support Request Form



Select One:

☐ Reimbursement

☐ Check Request

Select what is needed:

☐ Funds

Amount: _____

Date Needed: _____

☐ Volunteers

Amount: _____

Date Needed: _____

Name _____

Department _____

Email _____

Phone _____

Event Date: _____

PTSA Member:

☐ Yes

☐ No

Event Name: _____

Location: _____

Description/Purpose: _____

All Requests are reviewed the first Thursday of each month. Keep this in mind and submit with plenty of time for approval. If requesting reimbursement, you still need pre-approval prior to purchasing the items. You must submit your receipts within 30 days after the end of the event or reimbursement will be denied.

PTSA Only

☐ Approved

Date: _____

Date Receipts Submitted: _____

☐ Denied

Amount: _____

Date Reimbursed: _____

Check # _____

Made Payable to: _____



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