Anderson High School PTSA Check Payment Request

**To be reimbursed promptly remember that:**

* Check payment requests **MUST** have a receipt, invoice, or proof of payment attached to this form. **NO EXCEPTIONS.**
* **NOTE:** Sales tax will **NOT** be paid or reimbursed as PTSA is exempt from sales tax. Advise the vendor of this at the time of sale. If necessary, complete a sales tax exemption form (available at andersononline.org) and present it to the vendor when making PTSA purchases.
* Submit request within **2 weeks** of the date the expenditure is made or it may not be processed.
* All PTSA checks written require **two** signatures, so last minute requests may be difficult to fulfill. Please plan ahead.

**Today’s Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Requested by**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Payee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Payee**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

**Budget category to debit this expense from:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Purpose of Expenditure** | **Vendor** | **Amount** |
|  |  | **.** |
|  |  | **.** |
|  |  | **.** |
|  |  | **.** |
|  | **Total amount of check** | **$ .** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of requestor Date Signature of Committee Chairperson Date **(*Required)***   **(*Required if different than requestor)***

**Please leave this form and supporting documentation in the PTSA box in the front office or mail to:**

**Holly Munin, 4105 North Hills Drive, Austin TX 78731,** [andersonhstreasurer@gmail.com](mailto:andersonhstreasurer@gmail.com)

**Disburse check as follows (please check one):**

* **Take check to next PTSA meeting**
* **Call or e-mail me to pick-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e-mail or phone #)**
* **Mail check to payee at address listed above**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rev 8/18**