

**Monroe Elementary PTA
Reimbursement / Check Request Form**

Your Name: _____

Contact Phone: _____

Amount of Check: \$ _____

Check Payable to: _____

Address: _____

Reason for Payment: _____

Committee or Budget Line: _____

Invoice Due Date: _____

Please attach invoice/receipts and return to the PTA box in the office or scan and email a copy to monroeptatreasurer@gmail.com. Payments **will not** be made unless proper support is provided. Please ensure that your purchase is in compliance with the purposes of PTA:

- To promote the welfare of children and youth in home, school, community, and place of worship
- To raise the standards of home life
- To secure adequate laws for the care and protection of children and youth
- To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of children and youth
- To develop between educators and the general public such united efforts as well secure fore all children and youth the highest advantages in physical, mental, social, and spiritual education

Signature: _____ Date: _____

PTA Treasurer - Ashley Hamilton | monroeptatreasurer@gmail.com

To be completed by PTA:

Paid Date: _____ Check #: _____ Treasurer Initials: _____