



"We Teach to Touch Tomorrow"

Holmes Middle School PTA
CHECK REQUEST/REIMBURSEMENT FORM

Date Submitted: \_\_\_\_\_

Requested by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payable to: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for Check Request/Reimbursement. Attach receipt(s) and/or Invoice.

Three horizontal lines for providing the reason for the check request.

Submit to treasurer@holmesmspta.org and president@holmesmspta.org for approval.

FOR PTA TREASURER USE

President Approval \_\_\_\_\_

Treasurer Approval \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Account: \_\_\_\_\_