

Staple
receipts here

Monta Vista PTSA Check Request Form

Requestor - Please staple original receipts to form. No reimbursement will be made without original receipts.

Name: _____

e-mail: _____

Phone #: _____

Request Information – Please complete all sections and sign in the Requestor box below.

Amount: \$ _____ Request Date: _____

Payable To: _____

Send To Address (if mailing): _____

Pick up Mail check to personal residence Mail check with invoice to vendor

Check Appropriate Budget Item

- | | | |
|---|--|--|
| <input type="checkbox"/> Baccalaureate Reception/Rental | <input type="checkbox"/> Insurance | <input type="checkbox"/> SAT/PSAT Refunds |
| <input type="checkbox"/> Bank Charges | <input type="checkbox"/> Matching Disbursements | <input type="checkbox"/> Senior Ball |
| <input type="checkbox"/> Challenge Day | <input type="checkbox"/> Membership & Support | <input type="checkbox"/> Senior Service Scholarships |
| <input type="checkbox"/> Challenge Success | <input type="checkbox"/> Membership Dues to Council | <input type="checkbox"/> State/National Convention |
| <input type="checkbox"/> Council/District PTA Workshops | <input type="checkbox"/> Newsletter & Publicity | <input type="checkbox"/> Tax Filings |
| <input type="checkbox"/> Emergency Prep | <input type="checkbox"/> Officer/Chair Reimbursement | <input type="checkbox"/> Website Maintenance |
| <input type="checkbox"/> Explore Career (Job Shadow) | <input type="checkbox"/> Parent Education | <input type="checkbox"/> Weebly/CoreCommerce Fees |
| <input type="checkbox"/> Foundation Crab Feed | <input type="checkbox"/> PTAEZ | <input type="checkbox"/> Unallocated Expense |
| <input type="checkbox"/> Honorary Service Award | <input type="checkbox"/> PTSA Grants | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hospitality – General | <input type="checkbox"/> Reflections | |
| <input type="checkbox"/> Hospitality – Association Mtgs | <input type="checkbox"/> SAT/PSAT Prep | |

Approvals/Signatures

Requestor

Committee Chair (if applicable)

President/Officer 1

Secretary/Officer 2

Mail signed request with original itemized receipts to:

PTSA Treasurer, c/o Monta Vista High School, 21840 McClellan Rd, Cupertino, CA 95014

Treasurer – Questions? Contact PTSA Treasurer - treasurer@MontaVistaPTSA.org

Date of Check: _____

Check #: _____

Check Amount: _____

This form is available as a fillable PDF at MontaVistaPTSA.org

Reserved – Hole Punch Area – Do NOT attach small receipts here
(full page Receipts OK)