



Blackwell Elementary PTSA

REQUEST FOR FUNDS/ REIMBURSEMENT VOUCHER

Please check one: Advancement of Funds request _____ Reimbursement request _____

Date request submitted: _____

If you are submitting an advancement of funds request, please provide the date funds are needed by: _____. Please also give preference for the breakdown of the funds on a separate sheet, i.e. how many 1\$, 5\$ etc.

Payable to:

Name: _____

Mailing address _____

(Reimbursement check will be mailed to the address provided)

Requested by:

Name _____

Child's name _____ Teacher _____

Activity/Event/Purpose _____

Items/Service Purchased/Provided _____

Amount of Request/Reimbursement \$ _____

Budget Category _____

Signature of Person Submitting Bill: _____

Signature of Committee Chair: _____

Please submit a separate voucher form for each committee/activity. Attach an **original sales receipt or bill** and **a copy of the committee budget form**. Please tape the receipts to the back of the forms leaving enough space for the form to be 3-hole punched. **Receipts should only have items for reimbursement.** Please contact Houda Benlhabib (214-797-5009) or treasurer@blackwellptsa.org with any questions involving reimbursements or cash advances. Thank you!

Treasurer's Use

Date _____ Check# _____

Amount _____ Budget Category _____