



# 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 Charlotte H. Olsen (425-626-7802) or [treasurer@blackwellptsa.org](mailto:treasurer@blackwellptsa.org) with any questions involving reimbursements or cash advances. Thank you!

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*Treasurer's Use*

Date \_\_\_\_\_ Check# \_\_\_\_\_

Amount \_\_\_\_\_ Budget Category \_\_\_\_\_