

CHATSWORTH AVENUE SCHOOL PTA
Check & Expense Reimbursement Request

① Date of Request: _____

② Name of Payee: _____


③ Payee Address: _____

④ Check Amount: \$ _____

⑤ Purpose: _____

⑥ Committee: _____

⑦ Requested by: _____ Email: _____

⑧  Attach or enclose the following when applicable:

- original receipts for reimbursement requests
- vendor contracts signed by PTA President
- time sheet for hourly contractors
- completed W-9 forms for independent contractors

⑨ Approval: _____

NOTE: Signature of the Vice President overseeing your committee is required. VPs will submit their own expense requests to the PTA President. Please contact:

Co-President: Lisa Samson @ 834-8658	Co-President: Laura Livaccari-Herzig @ 834-4810
VP Enrichment: Abby Showers @ 833-9485	VP Fundraising: Valerie Mouracade @ 833-0791
VP Parent/School Services: Ann Lefever @ 833-3272	VP Room Reps/Communications: Rebecca Charles @ 834-1145
VP Room Reps/Programs: Theresa Finck @ 833-7797	VP School Community Programs: Erin Fuller @ 834-1495

⑩ Enclose completed form and attachments in a sealed envelope addressed to "PTA Treasurer." Drop envelope in the PTA Treasurer mail slot, inside the Main Office at school.

Questions? Contact PTA Treasurers: Kristen Fernandez @ 833-7505 or Karen Epstein @ 833-2766