

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: Joan Capaldi @ 834-2142	Co-President: Laura Livaccari-Herzig @ 834-4810
VP Enrichment: Kristen Fernandez @ 833-7505	VP Fundraising: Amy Albert @ 834-3755
VP Parent/School Services: Ann Lefever @ 833-3272	VP Room Reps/Communications: Cheryl Brause @ 654-0217
VP Room Reps/Programs: Lisa Samson @ 834-8658	VP School Community Programs: Laura Leva @ 834-4939

10 Enclose completed form and attachments in a sealed envelope addressed to "PTA Treasurer." Drop envelope in the PTA box, "Expense Reimbursement Requests," outside the Main Office at school.

Questions? Contact PTA Treasurer: Sally Willert @ 834-1012