



Orca PTSA

5215 46th Ave South
Seattle, WA 98118

Check Request / Reimbursement

Name: _____

Date: _____

Address: _____

Committee / Program: _____

Telephone: _____

Committee Chair: _____

Email: _____

Approved: _____

Purpose:

Total reimbursement:

List receipt amounts:

Please return completed form to the PTA Treasurer's mail box in the school office. Requests must be approved by Committee Chairperson. Check requests will be processed twice a month, on the 1st and 15th of each month. Please turn in check requests at least 3 days before the 1st and 15th of each month. For months where the 1st and 15th fall on a weekend or holiday, the previous Friday will be used. Questions? Contact Michael Cruz at mikegsxcruz@gmail.com or by calling (425) 239-6019.

| | |
|-----------------------------|------------------|
| Treasurer's Use Only | <u>date rec:</u> |
| check number: | |
| check amount: | |
| budget item: | |



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