

# JFS PTA REQUEST FOR REIMBURSEMENT Warrant Form

*Attach all original receipts to this form. Submit within 30 days of event/expenditure.  
Event Chairs must approve form before submitting to Treasurer for payment processing.*

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Requestor Email Address: \_\_\_\_\_

Committee/Event: \_\_\_\_\_ Chair/Lead: \_\_\_\_\_  
(ie. Cornerstone, Drama, Carnival, BookFair, Bingo Night, etc) (ie. Who is the lead for this Event or Budget Category?)

Treasurer of James Franklin Smith PTA will pay \_\_\_\_\_  
Check Payable To

<u>Date Incurred</u>	<u>Description</u>	<u>Amount</u>	<u>Budget Category</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Reimbursement Requested: \$ \_\_\_\_\_



Approved by:

Event Chair/Lead: \_\_\_\_\_ Date: \_\_\_\_\_

JFS President: \_\_\_\_\_

JFS Secretary: \_\_\_\_\_



Approved at \_\_\_\_\_ meeting Treasurer: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Notes: \_\_\_\_\_