

Doss PTA Check Payment Request

To be reimbursed promptly, remember the following:

- ✓ Check payment requests **MUST** have a receipt, invoice, or proof of payment attached to the form. **NO EXCEPTIONS.**
- ✓ **TWO (2)** signatures are required for the form to be complete. The second signature should be your committee chair; must be a PTA member; and he/she cannot be the spouse of the person making the request.
- ✓ The PTA is a tax-exempt organization. The sales tax exemption form is available in the PTA office or online. If you pay sales tax, it **CANNOT** be reimbursed.
- ✓ If you are purchasing gift cards as prizes, they must be \$25 or less AND for a specific retailer (i.e. not a VISA card).
- ✓ Requests **must be submitted within 45 days** of the invoice or purchase date and submitted via email to Admin@dosspta.org or the Doss PTA Lock Box.
- ✓ Please allow 7-10 days for processing; all PTA checks require **two** signatures, so last minute requests may be difficult to fulfill.

Name of Payee: _____

Address of Payee: _____
Street City State Zip Code

Is Payee a business? Y / N If yes, is the check to be mailed or placed in the PTA lock box for pick up? _____ Mail _____ Lock Box

Requestor's Name/Email Address/Phone: _____

Committee/Event: _____

EXPENDITURE	VENDOR	AMOUNT
TOTAL AMOUNT OF CHECK		

Requested By (print name)

Approved by PTA member (print name)

Signature **Date**

Signature **Date**

Checks payable to PTA MEMBERS will be left in the PTA LOCK BOX, UNLESS a self addressed stamped envelope is provided.