



Gator Run Elementary PTA Request for Check Reimbursement

Date: _____ Total Amount Requested: _____

** In order to receive payment, you must attached original receipts and/or bills.

Make Check Payable to: _____

Funds used for: _____ Amount: _____

Funds used for: _____ Amount: _____

Submitted by: _____ Position: _____

Approved by: (President or 1st Vice President) _____

For Treasurer's Use Only

Check #: _____ Date Paid: _____ Budget Category: _____



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