

**Lawton Chiles Middle Academy PTSA
Request for Check Reimbursement**

** Please attach original receipt(s) to this form.**

Check payable to: _____

Amount: \$ _____

Invoice number (if any) _____

Purpose of expense:

Delivery instructions:

/___/ Mail Address

Submitted by: _____ Approved by _____
(Committee Chair)

Phone #: _____

For Treasure's Use Only

Check # _____

Date Paid: _____

Month cleared: _____

Budget category: _____