

# Jackson Middle School PTA Reimbursement/Check Request Form

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

Amount: \$\_\_\_\_\_

Pay To: \_\_\_\_\_

\_\_\_\_\_  
(address)

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

(person requesting check/reimbursement)

Attach receipt and invoice (if requesting direct payment)