

**Clover Hill Elementary School PTA**  
Request for Cash Reimbursement/Check Request – instructions on back

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

Name: \_\_\_\_\_

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

Budget Category for Expense (required):

\_\_\_\_\_

Reason for Reimbursement (i.e. – Teacher Breakfast Food):

\_\_\_\_\_

Method of Reimbursement (please provide mailing address or child's name/grade/teacher if you want the check sent home with your child)

\_\_\_\_\_

Approved by (Treasurer): \_\_\_\_\_

\*\*Be sure to note expense on committee budget record form

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Check #: \_\_\_\_\_  
(Accounting Use Only)

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

## **Cash Reimbursement Instructions**

1. Please complete the opposite side of this form through the Method of Reimbursement section. Attach all receipts.
2. Please make arrangements to drop off the Reimbursement to Jeremy Hellman.
3. Both Joelle Hawkins and I must sign checks, so I ask you to allow at least a 2-business day reimbursement turnaround period after I pick up the mail. Please let me know via e-mail if you are submitting a reimbursement request so that I am aware of it.
4. Be sure to indicate in the Method of Reimbursement section your preferred method of reimbursement:
  - a. Check mailed to you (please include your address).
  - b. Check sent home via your child (please include your child's name and his/her teacher's name).
5. If you have any questions or need assistance, please don't hesitate to contact me at 804-840-9653 or email me at [Jeremy@avenue-t.com](mailto:Jeremy@avenue-t.com)

\*\* This form may be used in order to have checks available for vendors at the time of purchase. An order invoice must be attached and a receipt placed in the treasurer's mailbox after payment. Please be sure to give me one week's notice.

Thank you,

Jeremy Hellman