St. Joseph PTA Council

1415 N. 26th St. (Admin Bldg.)
St. Joseph MO 64506

PTA Council Request for Reimbursement/Payment

- Date:
- Check payable to:
- Check amount:
- Budgeted line item:

Unbudgeted expenditures:

  - Purpose:
  - Date approved by Council:
  - Funds to come from:

ATTACH ALL RECEIPTS TO BACK

Treasurer Use Only Below

Amount Paid:

Check #:

Date Paid:

Treasurer's Name: