



Parents Acting for Renaissance Teachers and Students

RHTSA PARTS

Federal Tax ID # 81-2100800

Check/ Reimbursement Request Form

DATE SUBMITTED:	TYPE OF REQUEST: Check for Reimbursement (attach receipts) Cash/change for event Disbursement for purchase (attach bill) Scholarship (per committee report)
CHECK PAYABLE TO:	
AMOUNT:	
MAILING ADDRESS:	
REQUESTOR'S NAME:	REQUESTOR'S PHONE:
EVENT / PROJECT:	
REASON FOR REQUEST:	

NOTE: Receipt(s) totaling the amount of reimbursement must be attached. If this is a bill to be paid, attach the bill or proforma invoice for purchases approved by PARTS.

APPROVED BY (PARTS OFFICER):	DATE
APPROVED BY (PARTS OFFICER):	DATE
TREASURER'S USE ONLY	
DATE PAID:	CHECK NUMBER:
	DATE MAILED:
	DATE DELIVERED: