



# BONITA CANYON PTA

1 Sundance Dr, Irvine, California 92603 Phone: (949) 936-5450

## REIMBURSEMENT/ CHECK REQUEST FORM

Date Paid
Check #

The following items have been purchased or are being requested for the benefit and/or use of Bonita Canyon PTA.  
**Notice:** Reimbursement checks will be issued at the 1st & 15th of every month. Expenses submitted by the 1st of the month will be paid by the 15th. All others will be paid by the 1st of the NEXT month.

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

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

***Make check payable to:***

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Chair/Board Member Signature: \_\_\_\_\_

***Please itemize bill and attach all receipts to this form.  
Please submit requests no later than 60 days after event.  
Incomplete forms will not be accepted or paid.***

Budget #/Category	Description	AMOUNT
TOTAL		\$

***PTA Approval***

Secretary's Approval: \_\_\_\_\_

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

President's Approval: \_\_\_\_\_

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