

OMNI PTSA

Check Request / Reimbursement

Check Payable To: _____

Amount: _____

Reason: _____

Submitted By: _____

Phone/Email (contact for questions): _____

President's Approval: _____

Treasurer's Approval: _____

Please be sure to attach all corresponding receipts / invoices

For Treasurer's Use Only

Budget Category: _____

Date Paid: _____

Check Number: _____

Posted Date: _____

