




Please STAPLE ORIGINAL
RECEIPTS HERE

TREASURER USE ONLY	
Date	_____
Check #	_____
Amount \$	_____
Category	_____

MAIDU / EXCELSIOR PTC REIMBURSEMENT REQUEST

DATE: _____

PERSON SUBMITTING REQUEST: _____

PHONE NUMBER: _____

COMMITTEE: _____

SCHOOL

- MAIDU
- EXCELSIOR

MAKE CHECK PAYABLE TO: _____

ADDRESS OF PAYEE: _____

DISBURSEMENT LOCATION

- Pick-up check at MAIDU OFFICE
- Pick-up check at EXCELSIOR OFFICE
- Mail to ADDRESS OF PAYEE

AMOUNT REQUESTED:\$ _____

DESCRIPTION OF ITEM(S): _____

• Attach original receipts to top, back of this form. Retain a copy of this form and receipts for your records.