

Harrington PTA Deposit/ Reimbursement

Date: _____
Your Name: _____
Your Address: _____

DEPOSITS

Event/Fundraiser: _____

Total Cash Deposit: \$ _____
Total Check Deposit: \$ _____

☐ **A list of checks to be deposited is attached. (Please check)

**Committee Chair Signature: _____ Date: _____
(Deposit amounts must be approved by the Committee Chair before submitting to PTA Treasurer)

REIMBURSEMENTS AND VENDOR PAYMENTS

Event or Purpose of Expense: _____

Date	Vendor Name	Item Description	Amount
Total Due:			

☐ **Receipts are attached to form. (Please check)

If a payment to a vendor is requested then please complete the following:

Vendor Name: _____
Vendor Address: _____

**Committee Chair Signature: _____ Date: _____
(Expense Reports must be approved by the Committee Chair before submitting to PTA Treasurer)

****Please Note:** If asterisked items are not completed request will not be processed.