

Virginia

PTA

Every child. One voice.

Harry F. Byrd Middle School

BYRD MIDDLE SCHOOL PTA
REIMBURSEMENT REQUEST OR DEPOSIT
(Complete Section A or Section B)

A: Request for Check Reimbursement

Name _____ Date: _____

Check made payable to _____
Address if to be mailed _____

Account to be charged _____

Explanation of Fund Use _____

Amount of Refund (Receipt MUST be attached) \$ _____

Chairperson's Signature _____

Treasurer's Signature _____

(Treasurer's use only) Check # _____ Entered in books

B: Income/Deposit

Nature of Receipt _____

Amount \$ _____ Committee _____

Chairperson's Signature _____

Additional verifying signature _____

Treasurer's Signature _____

Date of Deposit _____ Date of Notification _____