

Madison Middle School PTA 2008-2009

___ Deposit ___ Expense ___ Reimbursement

*Mail this form with receipts to: Theresa Bulan, 68 Palisade Ave,
Trumbull, Ct 06611. For questions, call Theresa at 459-0640 or email
greggt1@charter.net.*

Date: _____ Person Submitting Request: _____

Amount: _____

Check Payable to: _____

Committee to be charged: _____

Explanation:

Please attach original receipts (required for reimbursement of expenses).

Please complete one of the following for disbursement:

Mail check to: _____

Leave check for pick-up in PTA box in Main Office: _____

For Treasurer's Use: ___ Checking ___ Savings

Check # _____ Amount _____ Date Paid _____