

**Mooresville Christian Academy PTF
Request for Reimbursement Form**

<i>Treasurer Use:</i>		
Check Number _____	Amount _____	Date Issued _____
Receipts attached: ____ Yes ____ No		

Please Complete:

Check Payable To: _____

Address: _____

City, State, Zip _____

Amount: _____ Date Incurred: _____

<u>Please identify the account to be charged:</u>	
PTF: Event / School Need _____	
Room Parent: Activity _____	
Grade ____ Teacher _____	
Teacher Reimbursement: Teacher Name _____	Grade _____

Explanation: _____

(Requestor understands that only funds for activities/projects/events/needs, etc. approved previously by the PTF or PTF Board will be disbursed.)

Your Signature: _____

Date: _____

Please send check via:

- My school mailbox
- My child's backpack
- Mail to address provided

***Please staple receipts to the back of this voucher and submit to
the PTF Treasurer Mailbox in the MCA School Office***

Reviews:

Signature of PTF Treasurer: _____