



**NORTH RIDGE ELEMENTARY SCHOOL**  
Parent Teacher Association

7120 HARPS MILL ROAD  
RALEIGH, NORTH CAROLINA  
PHONE: 919-870-4100

**REIMBURSEMENT/CHECK REQUEST FORM**

***1) Please print all information***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

***2) Mark the respective budget for your expenses (and if applicable add additional information)***

- Teacher Classroom Supplies
- Teacher Mini grants, approval date: \_\_\_\_\_
- Counselor Projects, please specify: \_\_\_\_\_
- Media Center, please specify: \_\_\_\_\_
- Specials, subject: \_\_\_\_\_
- Spirit Wear
- Fundraising, please specify:  Boosterthon     Unicornocopia     Book Fair
- Other, please specify \_\_\_\_\_
- Hospitality, event and event date \_\_\_\_\_
- PTA general expenses, please specify: \_\_\_\_\_



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### **REIMBURSEMENT/CHECK REQUEST FORM**

**3) Please attach (scanned) receipts and explain specific expenses incurred**

\$ _____	Expenses for: _____
\$ _____	Expenses for: _____
\$ _____	Expenses for: _____
\$ _____	Expenses for: _____
\$ _____	Expenses for: _____
<b>TOTAL</b> \$ _____	

**4) Please read the statement below and sign the form**

I confirm that the expenses are related to the mission of the Parent Teacher Association of North Ridge Elementary School and that I will use purchased items exclusively for this purpose. The expenses have been incurred no longer than 60 days ago. I will return potential excess reimbursements (if any) within 120 days after receipt.

Signature: \_\_\_\_\_

**5) Make sure ALL receipts, invoices, order forms, etc. are attached and send the signed form to [pta.nretreasurer@gmail.com](mailto:pta.nretreasurer@gmail.com) (preferred) OR drop off the paper version in the Treasurer lock box in the front office.**

Jan Zimmermann, PTA Treasurer  
[pta.nretreasurer@gmail.com](mailto:pta.nretreasurer@gmail.com)




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For Treasurer use only:

Check # \_\_\_\_\_ Date issued: \_\_\_\_\_ Date cashed: \_\_\_\_\_

Signatures: \_\_\_\_\_