



PTC CHECK REQUEST FORM

Please complete all information:

- Request for Reimbursement
- Request for Vendor Direct Pay

Date: _____

Requested By: _____

Purpose: _____

Payee: _____

Address: _____

Details	Amount
Total	

Documents Needed:

Reimbursent requests must have original receipts attached.

Vendor Direct Pay must have invoice or bid attached.

Signatures Required Prior to Distribution

Requested by _____ Date _____	Designated Board Member _____ Date _____
Check # _____ Date _____ Amount _____	