



Parents of the Academy of Science and Technology

CHECK REQUEST FORM

(Reimbursement or Invoice)

Check requester: _____ Date: _____

Requester phone: _____

Payable to: _____ Date needed: _____

Invoice #: _____ Check one: Deliver to requester Mail to vendor

Committee to charge: _____
(If more than one budget line is to be charged, identify each and corresponding amounts)

ATTACH RECEIPTS PAID OR INVOICE PENDING and obtain committee chair approval
PAST will reimburse for sales tax, but exemption should be used whenever possible
Questions for Treasurer can be sent to treasurer.astpto@gmail.com or 614-592-1383

Place of purchase	Description of expense	Amount
TOTAL		

Committee Chair Approval: _____

Treasurer Approval: _____

Treasurer's Notes	Check #:	Check Date:	Amount:

Purchases or invoices over \$1,000 require President's signature

President's Signature: _____