



# Northeast PTA

Northeast Elementary School  
425 Winthrop Drive  
Ithaca NY 14850

Please Check One:

Reimbursement

Deposit to PTA Account

Payment for Service

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

Mailing Address (if needed): \_\_\_\_\_

\_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Receipt Included

Yes

No

If no receipt, please explain: \_\_\_\_\_

\_\_\_\_\_

*Treasurer Only:*

Check Number \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Reconciled month/year: \_\_\_\_\_ Budget Line: \_\_\_\_\_