

**Mooresville Christian Academy PTF
Request for Funds / Reimbursement**

Treasurer Use:

Check Number _____ Amount _____ Date Issued _____
Receipts attached: ____ Yes ____ No

Please Complete:

Check Payable To: _____

Address: _____

City, State, Zip _____

Amount: _____ Date Incurred: _____

Charge Account:

PTF: Event / School Need _____

Room Parent: Activity _____

Grade ____ Teacher _____

Teacher Reimbursement: Teacher Name _____ Grade _____

Explanation: _____

Your Signature: _____

Please send check via:

- My school mail Box
- My child's backpack
- Mail to address provide

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

Reviews:

Signature of PTF Treasurer: _____

Approved by PTF Board (if over \$500): _____