

ORADELL PTA CHECK/REIMBURSEMENT FORM

Submit this form along with appropriate receipts to
Cathy Saviano (OPS PTA Treasurer)

Please drop-off this form and receipts into the PTA mailbox at OPS.

Additionally, please email Cathy at treasurer@oradellpta.org to inform of drop-off.

Please note:

1. Checks can have a two- week processing time please plan appropriately.
2. Checks can not be written without attached receipts.
3. Upon receipt of check, please deposit within 90 days.

Name of requesting PTA member: _____

Committee: _____

Email/Cell phone of requester (for follow up questions only): _____

Make check out to: _____

Address of requester for reimbursement: _____

Amount: \$ _____

Date of event (for vendor/check requests): _____

Received for deposit by: _____