## **JEFFERSON ELEMENTARY PTA**REIMBURSEMENT REQUEST FORM

NAME:
ADDRESS:
MAIL TO REQUESTOR: Yes No
PHONE NUMBER:
AMOUNT:
DESCRIPTION:
BUDGET ITEM:
DATE NEEDED:
RECEIPTS ATTACHED: Yes No
If no receipt, explain:  **Reminder: Receipts are needed for audit documentation
**************************************
CHECK NUMBER: AMOUNT:
DATE PAID:
Budget Line Item/Officer/Committee Charged:
Notes: