

**REIMBURSEMENT /DEPOSIT/WITHDRAW  
RECEIPT SUBMITTAL FORM**

Name:	Date:
Phone No. and/or email	
Total Amount \$	
<b>Make Check Payable to:</b>	

Type of transaction: (please mark x)

<input type="checkbox"/> Requesting Reimbursement <input type="checkbox"/>	<input type="checkbox"/> Deposit <input type="checkbox"/> Withdraw
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<b>Budget Line Item:</b>
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**NOTE:**

1. Receipts are required for all PTA expenditures, please staple all receipts to this form.
- 2. All reimbursements requests must be tied to a line/account in the approved Bridger PTA budget**  
(to see the PTA approved line items/account see next page or go to <http://www.bridgerpta.org>)
3. Place this form in the PTA mailbox.
- 4. "Budget Line Item"** must be completed in order to be reimbursed.

Place check in:  Bridger School mailbox       PTA mailbox

Mail check to: (please include a self-addressed stamped envelope)

Requestor's Signature: \_\_\_\_\_

**PTA TREASURER ONLY**

<input type="checkbox"/> Approved <input type="checkbox"/> Different amount approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Reimbursement <input type="checkbox"/>	Date _____  Check # _____	Amount: _____  By: _____
Comments:		