

Creston PTA Reimbursement Request Form

Date: _____

Total Amount of Reimbursement: _____

1. Payee Information

Name: _____

Address: _____

Phone #: _____

Email address: _____

2. Expenditure Information

• PTA Program or Event: _____ Amount: _____

Additional Description: _____

Receipt Attached: YES NO (include reason below)

Reason if no: _____

• PTA Program or Event: _____ Amount: _____

Additional Description: _____

Receipt Attached: YES NO (include reason below)

Reason if no: _____

• PTA Program or Event: _____ Amount: _____

Additional Description: _____

Receipt Attached: YES NO (include reason below)

Reason if no: _____

• PTA Program or Event: _____ Amount: _____

Additional Description: _____

Receipt Attached: YES NO (include reason below)

Reason if no: _____

PTA Treasurer Use Only

Check #: _____ Date: _____ Initials: _____