

Setauket PTA Reimbursement Request

Date: _____

Items for reimbursement:

- | | |
|----------|-----------------|
| 1. _____ | Amount \$ _____ |
| 2. _____ | Amount \$ _____ |
| 3. _____ | Amount \$ _____ |
| 4. _____ | Amount \$ _____ |
| 5. _____ | Amount \$ _____ |

ALL RECEIPTS MUST BE ATTACHED!

Total Reimbursement Amount Due: \$ _____

Program for which money was spent (only one program per form):

(ie- Book Fair, Basket Dinner, etc.)

Name of person to be reimbursed: _____

Delivery Method (check one):

_____ PTA Mailbox

_____ USPS mail to the following address:

Approved as noted by President's signature below:
