



2017-2018 PTA REIMBURSEMENT FORM

Please complete this form entirely

Date Request _____

Person Requesting _____

Requester's Phone Number _____ Email Address _____

Make Check Payable To _____

How would you like the check to be sent to you?

____ Book Bag? Child's Name/Grade/Teacher _____

____ Mail? Address _____

	Name/Description of Expense	PTA Committee	Amount
1			
2			
3			
4			
TOTAL			

Signature of requester _____

All reimbursement requests must be made within 45 days of the expense to be reimbursed. **All original receipts must be attached to this form.** Approval must be obtained on all purchases. If you have receipts for items that need to be coded to different committee budget items, please list them separately. Signature of the PTA president is required before treasurer will issue check.

Approval _____ Date _____

For Treasurer's Use Only	
Date Issued _____	Check number _____
Comments _____	
Treasurer's Signature _____	