



## 2018-2019 PTA REIMBURSEMENT FORM

Please complete this form entirely. Remember to sign the form.

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			
<b>TOTAL</b>			

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 \_\_\_\_\_

<b>For Treasurer's Use Only</b>	
Date Issued _____	Check number _____
Comments _____	
Treasurer's Signature _____	