

PTA Request for Reimbursement Form

Requestor's Name: _____ Date: _____

Phone # or E-Mail: _____

Committee/Event: _____

Check Payable To: _____

Indicate where check should be sent (check one):

Put in my box at school School office: (will pick up)

Other/Mail to: _____

Submit this completed form with the original invoice/receipt(s) to the Treasurer. All reimbursements must have receipt or invoice in order to be paid.

o Payment requests need to be turned in within 30 days of expenditure.

o You must cash reimbursement checks within 60 days of check issued date to assure payment.

Date	Invoice # / Retailer / Itemized Items	Amount
Total Reimbursement:		

Approved by: _____
President / Treasurer

Date: _____

Approved by: _____
Second Account Signer

Date: _____

Treasurer's Use Only

Check Date: _____ Check # _____ Amount \$ _____

Date Cleared: _____ Budget Updated: _____