

JEFFERSON PTA – EXPENSE REIMBURSEMENT REQUEST

INCOME:

Item (Attach Documentation/Receipts)	Income Budget Category	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Deposit to Checking	\$ _____
	Deposit to Savings	\$ _____
	Total Deposit	\$ _____

EXPENSES:

A request for reimbursement is made by the following Payee for the items below:

Payee: _____

Address: _____

Item (Attach Documentation/Receipts)	Income Budget Category	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Deposit to Checking	\$ _____

FUNDS TRANSFER:

From Account _____ To Account _____ Amount \$ _____

FOR TREASURER USE ONLY

Date: _____ Signed: _____ Check No.: _____ Total Amount: _____

For any questions regarding this Expense Reimbursement Form or anything related to the Jefferson PTA Budget, please contact our PTA Treasurer, Meredith Vogel at jeffersonelmtreasurer@gmail.com. Thank you!