

BIRCH LAKE ELEMENTARY PTA
Reimbursement Request

1/14

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

Leave my check in my box OR Mail my check to:

Your check will be mailed to this address.

Date Mailed _____

Project/Account _____ Amount \$ _____

Reason for Reimbursement _____

Receipt(s) totaling the amount of reimbursement must be attached. Not attaching documentation will delay the processing of your request. Thank you for being diligent to provide.

Approved by (PTA Officer) _____ Date _____

Approved by (PTA Officer) _____ Date _____

For Treasurer's Use Only

Check # _____ Dated _____ Logged _____

NOTES: _____
