



# REIMBURSEMENT FORM

EVENT DETAILS	
REQUESTED BY:	EVENT CHAIR:
PHONE:	DATE:
EMAIL:	
MAKE CHECK PAYABLE TO: (NAME & ADDRESS)	

ITEMIZED DESCRIPTION	AMOUNT

**TOTAL**  
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1. Please be sure this is an authorized expense.
2. Please use our tax exemption number (CT PTA Group Exemption # 11377) when making purchases. The PTA cannot reimburse sales tax. A copy of the Tax Exemption Permit is available on the KHS website.
3. Please write legibly and make a copy for your records.
4. Completed form, with copies of receipts, can be emailed to: PTA Treasurers:  
**[khs\\_pta\\_treasurer@westportps.org](mailto:khs_pta_treasurer@westportps.org)**
5. A check will be mailed to you.