

**Strongsville High School PTA
Reimbursement/Payment Request Form**

Your Name: _____ Date: _____

Phone Number: _____ Email: _____

Please issue a check for the following in association with SMS PTA.

Item and Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reimbursement Payment Total _____

***Please attach all supporting documentation to this form.
PTA does not reimburse for sales tax.**

Your Signature: _____

Committee: _____

Make check payable to: _____

Address: _____

Mail check to above address Contact me for pick up

Return this form to the PTA mailbox to the attention of the Treasurer. Contact me at:

Sarah Bass
14895 Regency Dr.
Sarah.bass00@gmail.com
440-785-6301

Treasurer use only: Check # _____ Date: _____ Amount: _____