



Reimbursement Request

Documentation / Original Receipts must be attached Tax Exempt #A14300

Make check payable to: _____

Address: _____

Phone: _____ Email: _____ (zip)

Description of Purchase Applicable PTA Budget Account

1 _____ \$

2 _____ \$

3 _____ \$

4 _____ \$

5 _____ \$

6 _____ \$

7 _____ \$

Total Requested \$ _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

PTA President

Office use only:

Check # _____

Check Date _____

Amount Paid _____