

BIRCH LAKE ELEMENTARY PTA
Reimbursement Request

2/24

Your Name _____ Phone _____

Date Submitted _____

Check Payable to _____

(Circle one) 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) matching the amount of reimbursement must be attached.

Approved by (PTA Officer) _____ Date _____

Approved by (PTA Officer) _____ Date _____

For Treasurer's Use Only

Check # _____ Amount \$ _____ Dated _____ Logged _____

Budget Line Item _____

NOTES: _____