Dennison Elementary DEC PTA
Expense Reimbursement Form

Date	Committee or Account	Items / Explanation	Amount
		Total Amount:	

Check Payable to: _____

Mail to*: _____

_____

Additional Comments: _____

Date entered into Quickbooks _____

Check Number _____

Date Paid _____

**Please provide your complete address, all reimbursement checks will be mailed.*