

## PRMS PSA Reimbursement Form

**Date:** \_\_\_\_\_  
**Project:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Reimbursement Check:**

- Pick up from school office.
- Pick up at next PSA meeting.
- Mail to:

\_\_\_\_\_

\_\_\_\_\_

**Procedures**

- \* Tape the original detailed receipt for each purchase to the back of this form. Please do not staple receipts to this form.
- \* Circle or highlight the amounts on each receipt requested for reimbursement
- \* Place completed form and receipts in the PSA mail box located in the front office.
- \* Photocopy your reimbursement request and receipts for your own records.
- \* PSA members must submit their reimbursement request within 30 days of conclusion of the committee event.
- \* Reimbursement checks will disbursed within 10 days of receipt.

Date of Purchase	Description (Vendor + Item Desc./Purpose of Expense)	Total Amount
<b>Total Due:</b>		

**Questions**

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