

Reimbursement Request



Name: _____ Date: _____

Event/Committee: _____

Description: _____

Expense Amount: _____

Make check payable to: _____

How do you want to get your check?

- In the Volunteer Room in your event/committee mailbox
- Sent home with my child

- Child's name: _____

- Teacher's name: _____

Please fill out this form completely.

- Receipts, invoices or contracts must be attached in order to receive reimbursement payment.
- **SUBMISSION:** Return form and documentation to [Treasurer](#) either in the PTA volunteer room or electronically by emailing.

Approved By:

Treasurer's Initials: _____ Date: _____

2nd Approver's Initials: _____ Date: _____

Check #: _____ Amount: _____