



Reimbursement Request

Name _____ Date _____

Phone # _____ Email _____

Total Check Amount \$ _____

Make check payable to _____

Description _____ Event _____ Amount _____

Description _____ Event _____ Amount _____

Description _____ Event _____ Amount _____

Description _____ Event _____ Amount _____

Total \$ _____

Signature _____

Please fill out this form completely

Original receipts, invoices or contracts **MUST BE ATTACHED** in order to receive reimbursement payment. Return form and documents to Treasurer.

PTA does not reimburse for non-PTA related items.

For Treasurer's Use:

Check # _____ Amount \$ _____ Date issued _____



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Phone # _____ Email _____

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