



PTA Request for Reimbursement Form

Requestor's Name: _____ Date: _____

Phone # or Email: _____

Committee/Event: _____

Check Payable To: _____

Indicate where check should be sent to (check one):

- | | |
|--|--|
| <input type="checkbox"/> Put in my box at school | <input type="checkbox"/> School Office (will pick up) |
| <input type="checkbox"/> Student's Friday Folder | <input type="checkbox"/> Mailed (provide a self-addressed envelope w/ postage) |

Submit this completed form with the original invoice/receipt to the President for approval first.
All reimbursements must have an invoice/receipt to be paid.

- Payment requests must be submitted within 30 days of expenditure.
- You must cash reimbursement checks within 60 days of the check issued date to assure payment.

Date	Invoice #/Retailer/Description of Items	\$ Amount
Total Reimbursement:		

Approved By (President or 2nd Signer): _____

Treasurer's Use Only

Check Date _____ Check # _____ Amount Paid _____

Budget Category _____ Date Check Sent _____