

Check #: _____

PTA Reimbursement Form

All PTA Members requiring a reimbursement for purchases made must complete this form. Submit to the Treasurer with all receipts for payment to be issued. All spending must be pre-approved.

This form is not intended for non-reimbursements, such as bills or invoices.

Please allow up to one week for reimbursement to be processed and check written.

All reimbursement checks must be deposited within 90 days or they will be cancelled.

Name: _____ Phone: _____ Date: _____

Explanation of Receipt (list for each receipt)	Amount (list for each receipt)	Committee / Event (list for each receipt)
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL REIMBURSEMENT AMOUNT	\$	

Signature of Person Submitting Request: _____

Make check payable to: Same Other: _____

Comments: _____

----- **FOR TREASURER'S USE ONLY** -----

Check Payable To: _____ Amount: \$ _____ Check #: _____ Date: _____

Account / Line Item Debited:	Amount:
	\$
	\$
	\$
	\$

Treasurer's Signature: _____ Date: _____ In QB: _____

Comments: _____