



Reimbursement Request Form

Date: _____

Amount: _____

1. Payee Information

Name: _____

Send Reimbursement to: School Office Home (provide address below)

Address: _____

Phone #: _____

Email address: _____

2. Expenditure Information

(Program VP must approve reimbursement requests for Reading Challenge, Reading Friends, Family Math & Science, Junior Great Books, Bank Day, Chess Club, Family & Social Events, Gift Wrap, Grandparents & Special Friends Day, Staff Appreciation, T-Shirt Sales, Writer's Celebrations)

PTA Program or Event: _____

Additional Description: _____

Program VP Approval/Signature: _____

Receipt Attached: YES NO (include reason below)

Reason if no: _____

PTA Treasurer Use Only

Check #: _____

Date: _____

Initials: _____