



PTA REIMBURSEMENT & CHECK REQUEST FORM

REQUESTER'S NAME: _____

DATE: ___/___/___

E-MAIL: _____ PHONE: _____

ADDRESS: _____

DESCRIPTION OF EXPENSES:

NOTE: Receipts, invoices, order forms or contracts must be attached.

Please also include a brief description of the purpose for the expenditure.

Date	Description of Expense	Amount
		\$
		\$
		\$
		\$
		\$
GRAND TOTAL		\$

SIGNATURE: _____

Please return this form to the PTA mailbox located in the School Main Office, in a sealed envelope with all documentation and "PTA Reimbursement" or "Check Request" written on the outside (please also send an email. You may also return this form by email in PDF format with copies of your receipts or documents. Email to treasurer@buzzaldrinpta.org with "reimbursement form" as the subject. Please allow at least one full week for processing. Thank you.

For office use only: Approved by _____ on ___/___/___ 9/2016