

Teacher Classroom Funds Request

All requests for reimbursement of Classroom Funds will need to be submitted by June 3, 2016

Date: _____

Amount: _____

1. Teacher Payee Information:

Name: _____

Address: _____

Phone #: _____

Email address: _____

2. Expenditure Information:

Program, Event, Field Trip or Item Purchased for classroom use:

Additional Description of how classroom funds were used:

Receipt Attached: YES NO (include reason below)

Reason if no: _____

PTA Treasurer/President Use Only:

Check #: _____ Date: _____ Initials: _____

Treasurer or Presidents Notes: