

**ROWAN PTA**  
**Check Reimbursement Form**  
**2018-2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Room # \_\_\_\_\_ Date \_\_\_\_\_

Itemization of Expenses: Circle category to be charged. *Only one category per form*

Administrative	Fourth Grade Farewell	Rowan Community Relations
Author's Week	Fundraiser (Read-a-Thon)	Senior Luncheon
Book Fair	Holiday Shop	Spirit Wear
Box Tops	Humanitarian	STEM Fair
Caring Trees	Miscellaneous	TAG
Carnival	Nurses/Secretaries Day	Volunteer Appreciation
Classroom Supplies	Officer Recognition	Website
Custodial	PTA Dinner	Yearbook
Field Day	Reflections	

Please write a detailed description of expense:

\_\_\_\_\_

\_\_\_\_\_

Total Check Reimbursement Requested \$ \_\_\_\_\_

**\*\*\*A receipt for expense(s) must accompany all Reimbursement Forms. All requested reimbursements must be in by the fiscal year end 6/30/19\*\*\***

Please forward all requests for reimbursement to:

Kaylyn Talton, Treasurer

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 This section to be completed by Treasurer:

\_\_\_\_\_ Budgeted Expense                      Date Paid \_\_\_\_\_  
 \_\_\_\_\_ Non-Budgeted Expense              Check Number \_\_\_\_\_  
 \_\_\_\_\_ Educational Fund Request  
 \_\_\_\_\_ Invoice for non-budget Committee