

ROWAN PTA

Check Reimbursement Form

2019-2020

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 Day	Holiday Shop	Senior Citizen Luncheon
Book Fair	Humanitarian	Spirit Wear
Box Tops	Miscellaneous	Square 1 Art
Caring Trees	Nurses/Secretaries Day	STEM Fair
Carnival	Playground Material Replacement	TAG
Classroom Supplies	Police Officer Recognition	Volunteer Appreciation
Custodial Gifts	PTA Dinner	Website
Field Day	Reflections	Yearbook

Please write a detailed description of expense:

Total Check Reimbursement Requested \$ _____

*****Receipt(s) for expense(s) MUST accompany all Reimbursement Forms. All requested reimbursements must be turned in by the fiscal year-end 6/30/20*****

Please forward all reimbursement requests to:

Kaylyn Talton, Treasurer

This section to be completed by Treasurer:

_____ Budgeted Expense	Date Paid _____
_____ Non-Budgeted Expense	Check Number _____
_____ Educational Fund Request	
_____ Invoice for Non-Budget Committee	