

# PTA Reimbursement Request Form

Date: \_\_\_\_\_

Total Amount of Reimbursement: \_\_\_\_\_

## 1. Payee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## 2. Expenditure Information

• PTA Program or Event: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional Description: \_\_\_\_\_

Receipt Attached:  YES  NO (include reason below)

Reason if no: \_\_\_\_\_

• PTA Program or Event: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional Description: \_\_\_\_\_

Receipt Attached:  YES  NO (include reason below)

Reason if no: \_\_\_\_\_

• PTA Program or Event: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional Description: \_\_\_\_\_

Receipt Attached:  YES  NO (include reason below)

Reason if no: \_\_\_\_\_

• PTA Program or Event: \_\_\_\_\_ Amount: \_\_\_\_\_

Additional Description: \_\_\_\_\_

Receipt Attached:  YES  NO (include reason below)

Reason if no: \_\_\_\_\_

PTA Treasurer Use Only

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_