

PRES PTA

Expense Reimbursement/Check Request

Pound Ridge Elementary School PTA
7 Pound Ridge Road
Pound Ridge, NY 10576

DATE: ____ / ____ / ____

TEACHER OR COMMITTEE NAME: _____

FORM COMPLETED BY: _____

TEL NUMBER/E-MAIL ADDRESS: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

NATURE OF EXPENSES:	AMOUNT:
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES:	\$ _____

Authorized Signature of Teacher
or Committee Chair _____
(reimbursements cannot be issued without an authorized signature)

RECEIPTS OR BILL TO BE PAID MUST BE ATTACHED

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