



Reimbursement Request Form

Date of Request: _____

Pay to the order of: _____

Account(s) to be Charged: _____

Purpose: _____

Itemized Expenses

1		\$
2		\$
3		\$
4		\$
5		\$

Total Amount Requested: \$ _____

Total Number of original receipts attached: _____

Requested By _____

Address (If check is to be Mailed)

Concurrence (Team Lead): _____ Date: _____

Approval (Committee Chair): _____ Date: _____

For Treasurer's Use

Paid By Check Number: _____ Date: _____

Funds Disbursed By _____

(PTA Treasurer's Signature)