



PTA Reimbursement Form

*** ORIGINAL RECEIPTS MUST BE ATTACHED ***

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Submitting reimbursement for _____
Program Name

Item	Purpose of Expenditure	Amount

TOTAL

Signature: _____ Date: _____

Treasurer Use Only

Check Number: _____

Amount : _____

Date: _____

Treasurer's Initials: _____

President's Initials: _____