

PTA REIMBURSEMENT FORM
PLEASE ATTACH ALL RECEIPTS!!

Budget Category _____

Amount of Expense _____

Items _____

Date of Expense _____

Date Submitted _____

Check payable to _____

Send check

By child _____ Teacher _____

Mail to Address _____

Signature _____

Treasurer Use Only	
Check # _____	Date _____
Amount \$ _____	Paid to _____
Budget Category _____	
By _____	