

For reimbursement please fill out this form completely and attach all receipts or invoices. Keep copies for your records. If you need cash for making change at a PTA event, please fill out a "Cash Box Starting Inventory" form and give the treasure at least one week notice prior to your event.

☐ REIMBURSEMENT	☐ CASH	☐ CHECK TO VENDOR		
MOVE MONEY BETWE	EN ACCOUN	ITS: (eg: from auction pay Scrip	t) FROM	то
DATE OF REQUEST:			DATE NEEDED:	
AMOUNT REQUESTED:			EVENT/COMMITTEE:	
MAKE CHECK PAYABLI	E TO:			
REQUESTED BY:			SIGNATURE:	
COMMITTEE CHAIR AP	PROVAL SIG	NATURE:		
You may use the sam	ne form for r	nultiple receipts. If you ha	ve more that one re	eceipt, please list separately below:
DATE	DESCRIPTION	DESCRIPTION/LINE ITEM DETAILS		AMOUNT
How would you like	to recieve y	our reimbursement?		
☐ DELIVER TO SCHOO	DL MAILE	D OTHER		
Mailing address (if a	pplicable): _			
		ceipts, there will be no reir		
FOR TREASURER'S USE ONLY		DATE RECEIVED:		
CHECK #:	D#	ATE PAID:	AMOUNT:	