



REIMBURSEMENT REQUEST

DATE: _____ AMOUNT: _____

NAME: _____

ADDRESS: _____

COMMITTEE/EVENT DESCRIPTION: _____

DESCRIPTION OF PURCHASE(S): _____

- * REIMBURSEMENT REQUESTS MUST BE RECEIVED BY THE TREASURER EITHER:
 - IN THE PTA MAILBOX OR
 - VIA EMAIL gtedawes@gmail.com

* PLEASE SUBMIT REQUEST FORM NO LATER THAN 30 DAYS OF THE RECEIPT (NO LATER THAN JUNE 15 OF THE CURRENT SCHOOL YEAR)

*PLEASE ATTACH ALL RECEIPTS TO THIS FORM BEFORE SUBMISSION.