



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 SEDWARDS173@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.**