



Reimbursement of Expenses

Request Date: _____

Requester's Full Name: _____

Requester's Address: _____

Total Amount \$ _____

Expenses for: _____

Please itemize and attach all receipts for purchase and/or services rendered. This form should be submitted within 30 days of the purchase/service. Use the second page of this form if more room is needed.

Date	Business Name	Item/Service	Amount

To be completed by PTA Treasurer

Budget Category: _____

Within Budget: YES:___ NO*:___ (if NO needs Board approval)

Approval Date: _____ Check#: _____

