Check # _____

Date Paid ____/____/_____

Sample PTA

Reimbursement Request Form

Date Submitted: _____

Submitted By: _____

Committee or Title: _____

Account to Charge: _____

Check Payable To: _____

If check needs to be mailed, include mailing address here: _____

Please itemize purchases, attach receipts, and sign below:

Where Purchased	Items Purchased	Reason	$ Amount

TOTAL $ _____

Signature:

_____ _____ _____

President's Signature | Date | Treasurer's Initials