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| ***PTA Request for Reimbursement For***  ***All Original Receipts or Invoices Must be Attached*** |
| Name of Payee/Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indicate where check should be sent (check one): **□** Mail **□** Put in my box at school **□** Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Submit this completed form with the original invoice/receipt(s) to the Treasurer.

* Payment requests need to be turned in within 30 days of expenditure.
* You must cash reimbursement checks within 60 days of check issued date to assure payment.
* A copy of this form and original receipt/invoice must be in the Treasurer’s records.

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| Date of  Expense | List Expenditures & Approved Budget Line Item Provide Invoice Number (If Any) | Amount |
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|  | **Total Reimbursement Claimed:** |  |

APPROVED: President’s Signature: Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Treasurer’s Use Only** |  | |  |
| Check Date: | |  | Check # | Amount: |
| Monthly Statement/Check | | Cleared: | | Budget Updated: |