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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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|   |   |   |
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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:  |