

PTA Reimbursement Request

**** Please attach all RECEIPTS ****

Date: _____
Amount: \$ _____
Name: _____
E-mail: _____
Phone #: _____
Address: _____

Purpose: _____

Dept/Class: _____

For Office Use only:	
Check Date:	_____
Check #:	_____
Expense Category:	_____
Treasurer Name:	_____
Reimbursement Amount	\$ _____
St. Tax Refund Eligible?	_____
State tax paid:	\$ _____

Checks are usually issued electronically and mailed within 1-2 weeks.

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