PTA Reimbursement Request

For Office Use only:

** Please attach all RECEIPTS **

Date:	Check Date:
Amount: \$	Check #:
Name:	Expense Category:
E-mail:	
Phone #:	
Address:	Treasurer Name:
Purpose:	Reimbursement Amount \$
	St. Tax Refund Eligible?
Dept/Class:	State tax paid: \$
** Please attach all REC	sement Request EIPTS **
	For Office Use only:
Date:	
Amount: \$	Check Date:
	Check Date:Check #:
Name:	
Name:E-mail:	Check #:
	Check #:
E-mail:	Check #:
E-mail: Phone #:	Check #: Expense Category:
E-mail: Phone #: Address:	Check #: Expense Category: Treasurer Name:

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