

PTA Expense/Reimbursement Form

Please complete this form when requesting reimbursement from PTA for any expenses incurred on behalf of PTA. **Attach all required receipts to the back of this form and forward to the PTA Treasurer within 30 days after the purchase or event date.** If you used a credit card, PTA is not responsible for interest should you fail to turn in your receipt in a timely manner. Committee bills over and above the budgeted amount must have approval from the Executive Board and cannot be paid until the association votes to approve the overage. No reimbursement will be made without receipts.

Person Requesting Check: _____

Phone # _____ Email: _____

Expense or Committee: _____

Purpose of Expenditure: _____

Total Amount of Expense For Reimbursement: _____

Make Check Payable To: _____

How Do You Want The Check To Be Delivered?

Mail to (name/address): _____

Give to (name/place): _____

Signature: _____ **Date:** _____

**Please attach receipts or a copy of the receipts to this sheet and submit to the PTA treasurer. Please allow 2 weeks for forms to be received, reviewed and payment processed.

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For Treasurer use only:

Check No.: _____ Date Check Issued: _____

Other Information: _____