Clinton PTA Reimbursement Request

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A separate form should be submitted for each committee or event.

Committee or event for which items were purchased:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be submitted to the PTA within 30 days of expenditure in order to receive reimbursement.**

**Place form and receipts in an envelope labeled “Reimbursement Request” in the clear bin marked “PTA” in the front office.**

Please itemize expenses below. A copy of a receipt for each item should be included with this form.

|  |  |
| --- | --- |
| item purchased | amount |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| total |  |

|  |  |  |  |
| --- | --- | --- | --- |
| for PTA use only | check # | date written |  |
|  |  |  |  |
|  |  |  |  |