

Instructions:

- Please use this form for all reimbursement and check requests.
- Complete ALL items on the form.
- Please attach ALL original documentation (receipts, bills, etc)
- Committee Chair must sign.
- Questions? J.Sara Dworkin jsarageorgi@yahoo.com or Joanna Shapiro joannashapiro1@gmail.com

PAY TO:

Name:		
Address:		
Phone:	Email:	
Child's Name/Class:		
Committee Name/Budget Line:		
Committee Chair:		

X	
Committee Chair Signature	

EXPENSE DATE	DESCRIPTION	AMOUNT
	Total	

Please note: THE PTA IS A TAX-EXEMPT ORGANIZATION. SALES TAX WILL NOT BE REIMBURSED! PLEASE USE THE ENCLOSED TAX-EXEMPT FORM <u>BEFORE</u> MAKING PURCHASES.

RECEIPTS ATTACHED:	YES	NO	(must have receipts to be reimbursed)
CHAIR SIGNED:	YES	NO	

Treasurer's Use Only:

 Date received:
 ______ Check Date:
 ______ Check #:
 ______ Check Amount: