

## Blach PTA Request for Reimbursement

Complete this form, attach all receipts and put them in the  
PTA folder marked "Completed Reimbursement"

Make check payable to: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted By : (print) \_\_\_\_\_

(Name and Address) \_\_\_\_\_

Delivery Method

[ ] Mail to Address

[ ] Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Detail of Expenses (please attach receipts):

	Description	Date	Amount	Committee
1				
2				
3				
4				
5				
		TOTAL		

*PTA Official*

Check # : \_\_\_\_\_

Date: \_\_\_\_\_

PTA Authorizing Signatures:

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

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