

PTA Reimbursement Form

Triadelphia Ridge

Requestor Name:

Phone:

Email:

Request Date

Check Payable To:

Mailing Address:

City, State, Zip:

my mailbox at school!

Itemized Expenses

Attach Receipts. Circle the date & amount on each receipt. For partial receipts, circle PTA items & write the total on the receipt

RECEIPT DATE	DESCRIPTION	AMOUNT
Note: PTA will not reimburse for gift cards.		TOTAL

Description of Usage / Reason for Reimbursement

Requestor Signature

Date

Treasurer's Use Only:

Approved By (Name)

Position

Signature

Date

Check Date

Budget Account / Category

Check No.

Amount

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