

## PTA EXPENSE REIMBURSEMENT Member Reimbursement Form

| 000        | tions 1-4 <u>must</u> be completed by PTA member & submitted to PTA Treasurer <u><b>by May 30</b>"'</u> of the current school ye |
|------------|--|
|            | MEMBER NAME: (Whom reimbursement should be made payable to)  |
| 1          |  |
| L          | Committee Name:  |
|            |  |
|            | TEM/-> DUDOUACED: / /  |
|            | ITEM(s) PURCHASED: (please give detailed description)  |
|            |  |
|            |  |
|            |  |
|            | DESCRIBE INTENDED USE OF ITEM:   |
| Λ          |  |
| 4)         |  |
| L          |  |
|            |  |
|            |  |
|            |  |
|            | TOTAL EXPENDITURE: DATE PURCHASED:   |
|            |  |
|            | Itemized receipt MUST be attached to this form for reimbursement (charge slip receipts will not be accepted).                    |
| he parties | nternized receipt <u>MOST</u> be attached to this form for reimbursement (charge slip receipts will not be accepted).            |
|            | IS EXPENDITURE TO BE SPLIT AMONG MULTIPLE COMMITTEE ACCOUNTS?  |
|            | ■ NO ■ YES (if yes, list each committee and amount to be charged)  |
| 4          | COMMITTEE NAME: AMOUNT:  |
|            | 7 MISSITI  |
|            |  |
| 9          |  |
| 3          |  |
| Ŭ          |  |
|            |  |
|            |  |
|            |  |
| الأسعر     |  |
|            | MEMBER SIGNATURE: DATE:  |
| 1          | WEWIDER SIGNATURE.   |
| 1          |  |
| 4          | COMMITTEE CHAIRPERSON SIGNATURE: DATE:   |
| Law ord    |  |
|            |  |
| OF         | PTA TREASURER USE ONLY:  |
| 1. ·       | CHECK MADE PAYABLE TO:   |
|            |  |
| 1          |  |
| 1          | CHECK NUMBER: AMOUNT:  |
| U          |  |
|            | PTA TREASURER SIGNATURE: DATE:   |
|            |  |