ORIGINAL RECEIPTS / DOCUMENTATION OF PURCHASE MUST BE ATTACHED AND SUBMITTED TO THE PTA MAIL BOX FOR REIMBURSEMENT.

DATE	
AMOUNT	
PREPARED BY	
MAKE CHECK PAYABLE TO	
FOR PURCHASE / PURPOSE	
OF (PROVIDE DETAILS)	
Please indicate the budget to withdraw the reimburs	ement:
ADMINISTRATION	PARENT – CHILD EVENTS
ASSEMBLIES	ROOM PARENT COORDINATOR
BAGEL DAYS	SERVICE SQUAD
CLUBS	SPIRIT WEAR
COMMUNICATIONS	STAFF APPRECIATION
DONATIONS	STUDENT COUNCIL
FAMILY PICNIC	STUDENT WEEKLY NEWS
FIFTH GRADE CLASS PARTY	SUPPLEMENTAL BOOKS
JOG-A-THON	TEACHER GRANTS
NEWCOMERS / KINDERGARTEN WELCOME	WEBSITE
MAJOR PROJECT / OTHER	
Please indicate how you would like to receive your re Send home in my child's red folder: Child's Name, Grade, & Teacher	eimbursement check:
OR, other arrangements (i.e. mail directly to venc	lor, leave in PTA mailbox):
PTA President will review and approve requests within the PTA President is not available, the PTA Vice Preside President's behalf. All requests made by staff may be reimbursement.	ent is authorized to approve on the PTA
	ks within 5 school days of authorized
The PTA Co-Treasurers will issue reimbursement check approvals.	·
	DATE:

Date Issued: ___