



REQUEST FOR REIMBURSEMENT

- Use this form to receive reimbursement for approved expenses you incur on behalf of Reilly PTA.
- Attach all original receipts to this statement.
- All receipts must be submitted within 30 days of purchase or the completion of an event, whichever is later. For teacher reimbursement, please follow deadlines provided at the beginning of the year.
- Please submit all completed forms to the Reilly PTA Treasurer for processing.
- Please note that all tangible goods purchased with PTA funds become property of Reilly PTA and Elementary School. These items should be marked appropriately.

Name: _____

Address: _____

City/Zip: _____

Telephone: (____) _____ Email: _____

Expenditure was for: _____ **Event Date:** _____

List Expenditures: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL EXPENSE \$ _____

Total Amount Claimed From Above \$ _____

Minus Advance Received \$ _____

Reimbursement Claimed \$ _____

Signature: _____ Date: _____

Chairman's Signature: _____ Date: _____

FOR PTA EXECUTIVE BOARD USE:

Membership-Approved Activity

Funds Released By Membership

Executive Board-Approved Expenditure

President's Signature: _____ Date: _____

Date funds released in minutes: _____ Secretary's Signature: _____

Warrant Number	Budget Category	Budgeted Amount	Check Number	Amount

Treasurer's Signature: _____ Date: _____