

Reimbursement Request

Sequoyah PTA

YOUR NAME	PHONE
FULL ADDRESS	EMAIL
PTA COMMITTEE/PROGRAM/PROJECT	
DESCRIPTION OF EXPENSE	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	OR <input type="checkbox"/> APPROVED AT MEETING (DATE: / /)
CHECK PAYABLE TO:	AMOUNT
	\$

Receipt(s) totaling the amount of reimbursement must be attached.

For Accounting Purposes Only - DO NOT FILL OUT

APPROVED BY TREASURER	DATE / /
APPROVED BY PTA OFFICER	DATE / /
CHECK #	DATE / /