Clermont Elementary School PTA
Request for Reimbursement Form

Receipt(s)/Invoice(s) **MUST** be SCANNED and attached to this form.
Please **EMAIL** this form & Receipts to: Treasurer@ClermontPTA.ORG

Payee:	
Payee Address:	
Payee E-mail Address:	
Payee Phone:	(H)
	(W)
	(C)
Description of Expense/Purchase:	
Amount Requested:	
Budget Category: (leave blank if unknown; committee chairs, please identify the committee)	
Authorized by: (Committee chair or PTA officer)	
Signature of Requester:	
Date of Request:	

Approved By:

Signature of PTA officer or Chair

For Treasurer's Use Only:

Check Number: _____
Check Amount: _____
Check Date: _____