[PA/PTA LETTERHEAD]

Reimbursement Request

Date _____

Please issue a check payable to _____

In the amount of $ _____

Event/Explanation of Expense:

_____

_____

Description of items purchased:	Amount

Receipts/Documentation Attached? ❑ Yes / ❑ No

_____

Approved by _____ Amount $ _____

Check Number _____ Date Issued _____

Additional Notes:

_____

_____

_____

_____