

PTA VOLUNTEER EXPENSE REIMBURSEMENT FORM		
SCHOOL NAME	EXPENSE PAID BY	EXPENSE APPROVED BY
DATE OF EXPENSE	PURPOSE OF EXPENSES	TOTAL AMOUNT
EMAIL ADDRESS / PHONE	NOTES OR COMMENTS REGARDING EXPENSES	

#	DESCRIPTION OF ITEM PURCHASED	CATEGORY	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
>> ATTACH ALL RECEIPTS TO THIS FORM <<		TOTAL AMOUNT	

MAKE REIMBURSEMENT OF EXPENSE PAYMENT TO		
NAME	ADDRESS	
CITY	STATE	ZIP CODE