

Gibsonville Elementary School
PTA Reimbursement Form

(Please use a separate form for each program)

Date: _____
 Name: _____
 Address: _____
 Phone: _____
 Email (optional): _____

Submitting reimbursement for Teacher Allotment
Program Name

Item	Purpose of Expenditure	Amount

Amount Requested _____
 (Check One) Mail to Me Will Pick Up School Office Mailbox

*** ORIGINAL RECEIPTS MUST BE ATTACHED ***
 (Photocopies of receipts returned by request only)

* PTA does not reimburse for tax paid (must obtain tax exempt certificate prior to purchases).

* Payment will only be made if funds for this program are available.

Treasurer Use Only

Receipts Received _____

Check # _____ Date _____ Amount _____ Split Check

Budget Line (if different than above) _____

Notes _____

Treasurer's Initials _____ Co-President's Initials _____