



## **PTA at Arcola Elementary School 2025-2026 Expense Reimbursement Request Form and Guidelines**

To ensure that your reimbursement is processed, you must:

1. Submit the completed reimbursement request form on page 2 along with supporting receipts. We cannot reimburse you without receipts.
2. Please submit separate reimbursement request forms and receipts for expenses tied to different PTA budget line items. This allows the PTA financials to be easily tracked and audited as part of standard operating procedure.
3. Attach a copy of your receipt(s) along with your reimbursement request form.
  - a. Please retain original receipt(s) until your reimbursement request is processed and you receive payment.
  - b. On some special occasions, the PTA may re-request original receipts for clarification.
4. Highlight relevant reimbursement items on receipts.
  - a. Tally and verify expected reimbursement totals for the request.
5. The completed and signed reimbursement request form can be dropped off in an envelope addressed to the PTA treasurer and dropped in the PTA MailBox in the school front office.
6. Reimbursement requests must be filed within 45 calendar days of the expense being incurred. We cannot guarantee reimbursement requests for expenditures that are more than 45 days old.
  - a. Reimbursement requests received by the PTA will be processed and paid no later than 30 calendar days following receipt of necessary documentation. We will do our very best to update and notify you if there is an expected delay in processing your reimbursement.

The PTA Treasurer will be available to assist you and hear from you if you have any questions, concerns or comments. Please direct all inquiries in writing to our email account

[PTA.at.Arcola@gmail.com](mailto:PTA.at.Arcola@gmail.com)

Thank you for supporting our PTA!



**PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT**

ATTACH ALL ORIGINAL RECEIPTS TO THIS EXPENSE STATEMENT  
(HARD COPIES REQUIRED)

Name of Payee \_\_\_\_\_

PTA Position \_\_\_\_\_

Address [ ] on file \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Submitted to PTA on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Expenditure was for:** \_\_\_\_\_

<b>List Expenditures:</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	<b>TOTAL EXPENSE</b>	\$ _____

Reimbursement Claimed \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR PTA OFFICE USE ONLY**

Treasurer's Record: Check # \_\_\_\_\_ Check Issued On \_\_\_\_\_

Category: \_\_\_\_\_ Amount Reimbursed \$ \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_