

Room Parent Reimbursement Request

Your Name:

Phone:

Teacher Name:

Project/Event:

Date Submitted:

Date Issued:

**INCLUDED IN
ANNUAL BUDGET**

-or-

**APPROVED AT MEETING
(DATE: / /)**

Make Check Payable to:

Amount:

\$

PICK UP CHECK

MAIL CHECK

FULL ADDRESS: (If check will be mailed to you)

NOTE: Original receipt(s) totaling the amount of reimbursement must be attached.

Approved by (Committee Chairperson):

Date:

Approved by (Room Parent):

Date:

Approved by (PTA Officer):

Date:

For Treasurer's Use Only: Category _____ Check # _____ Date: _____ Logged: _____