

# Room Parent Reimbursement Request

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Your Name:

Phone:

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Teacher Name:

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Project/Event:

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Date Submitted:

Date Issued:

**INCLUDED IN  
ANNUAL BUDGET**

-or-

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

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Make Check Payable to:

Amount:

**\$**

**PICK UP CHECK**

**MAIL CHECK**

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

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

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Approved by (Committee Chairperson):

Date:

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Approved by (Room Parent):

Date:

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Approved by (PTA Officer):

Date:

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