

Check # _____
(Treasurer Reference only)

**PTA Expense Reimbursement Form
2019-2020 School Year**

Name: _____
(Print clearly as you would like it to appear on the check)

Phone #: _____

Email: _____

Date: _____

PTA Committee: _____

Description of Expense Incurred

(i.e. refreshments for Popsicle Social, supplies for Fall Carnival, etc)

Total Reimbursement Request \$ _____

PLEASE TAPE receipt(s) to the back side of this form

Would you like your reimbursement check mailed to you or dropped off in the PTA box in the school office? *Please check:*

PTA box

Mailed

Mailing Address:

Please return this form, with receipts attached, to the PTA mail slot in the Steele Office: Attention of Mary Beth Thacker – PTA Treasurer.

SteeleTreasurer@gmail.com