

PTA Member Reimbursement Form

Event: _____ Date: _____

Person to be reimbursed: _____

Email address: _____

Phone#: _____

What was the money used for: _____

Committee Chair Name: _____

Committee Chair Signature: _____

Please attach receipt or invoice to this form. If there are no receipts attached, there can be no reimbursement. Chair people should keep copies of receipts so they can track expenses for the next year. Drop off reimbursement forms in the PTA reimbursement mailboxes in the office. Checks will be issued within one week and returned to the accordion folder in the PTA mailbox. If you have any questions please contact the current treasurer.

Lori Wolf

360-441-0351

northernheightspta@gmail.com

*****Treasurer Use Only*****

<u>Check #</u>	<u>Date</u>
<u>Amount \$</u>	
<u>Budget Account #</u>	