PTA Reimbursement Form

VIRGINIA LAKE ELEMENTARY SCHOOL PTA

Date: _____

Name: _____

Address: _____

Phone: _____

Email (optional): _____

Submitting reimbursement for _____
Committee (Program) Name

Description of Purchase	Purpose of Expenditure	Amount

Amount Requested _____ Needed by _____

Payable To (if other than name above) _____

(Check One) Mail to Me _____ Will Pick Up _____ Send Home with my Child _____

Child's Name _____

Teacher's Name _____

*** ORIGINAL RECEIPTS MUST BE ATTACHED ***
(Photocopies of receipts returned by request only)

* PTA does not reimburse for tax paid (must obtain tax exempt certificate prior to purchases).

* Payment will only be made if funds for this program are available.

Treasurer Use Only

Receipts Received _____ Voucher# _____

Check # _____ Date _____ Amount _____ Split Check _____

Budget Line (if different than above) _____

Notes _____

Treasurer's Initials _____ Co-President's Initials _____