



EXPENSE REIMBURSEMENT FORM

DIRECTIONS:

1. Please fill out this form **completely** or you may not receive reimbursement.
2. If expenses are for a classroom party/supplies, teacher must approve expenses by signing the designated line below.
3. Staple all **original** receipts to this form.
4. After completing form, place in the "REIMBURSEMENTS" folder in the PTA box located in the mailroom.
5. Checks are written monthly. Please allow up to 30 days to receive your check.
6. Checks will be sent home through your child(ren)'s teacher.

DATE: _____

TOTAL AMOUNT BEING REIMBURSED: _____

CHECK PAYEE/PAYABLE TO: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOMEROOM TEACHER: _____

ADDITIONAL COMMENTS OR EXPLANATIONS: _____

PROJECT DESCRIPTION (PLEASE LIST SEPARATELY)

AMOUNT

PROJECT DESCRIPTION (PLEASE LIST SEPARATELY)	AMOUNT

TEACHER SIGNATURE: _____

TOTAL AMOUNT

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PTSA USE ONLY

PTSA PRESIDENT APPROVAL: _____

DATE CHECK PAID/CHECK NO: _____