

MDE PTA REIMBURSEMENT REQUEST - FACULTY & STAFF

Payable To: _____ Phone: _____

Address: _____

City/State/Zip: _____ Delivery Instructions: Mail Deliver

Accounts to be Charged: _____

If the invoice required expenses to multiple PTA accounts, please identify each account and corresponding expense.

Item(s) Requested	Place of Purchase	Amount Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement Requested: _____

COMPLETE THIS SECTION FOR CONFERENCE REQUESTS ONLY. ATTACH SBISD TRAVEL FORM FOR TRAVEL EXPENSES.

Name of Conference: _____ Location: _____ Sub Time Required? _____

Dates of Conference: _____ Registration Costs: _____ Travel Required? _____

Purpose of Conference _____

How will knowledge from conference be used and shared? _____

Approval Signatures:

Requestor: _____ Date: _____

Team Lead: _____ Date: _____

Principal: _____ Date: _____

NOTES

- 1) Please attach all receipts to this request.
- 2) Leave completed form with approval signatures and supporting documentation in PTA box near Alix Harrington's desk for processing.
- 3) Funding Requests processed weekly. Please allow 5-7 business days to receive your reimbursement.

FOR PTA TREASURY PURPOSES ONLY

Date Paid _____	
Amount Paid _____	_____
Check Number _____	PTA Treasurer Approval
Allocation _____	_____
Budget Remaining _____	PTA President or PTA Vice President Approval