MDE PTA REIMBURSEMENT REQUEST - PARENTS & COMMITTEE CHAIRS

Payable To: _____ Phone: _____

Address: _____

City/State/Zip: _____ Delivery Instructions: ____Mail ____Deliver

Accounts to be Charged: _____

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

Item(s) Requested	Place of Purchase	Amount Requested

Total Reimbursement Requested _____

Approval Signatures:

Requestor: _____ Date: _____

Chair: _____ Date: _____

NOTES
1) Please attach all receipts to this request.
2) Leave completed form with approval signatures and supporting documentation in PTA box in the front foyer.
3) Requests processed weekly. Please allow 5-7 business days to receive your reimbursement.

FOR PTA TREASURY PURPOSES ONLY

Date Paid _____

Amount Paid _____

Check Number _____

Allocation _____

Budget Remaining _____

_____
PTA Treasurer Approval

_____
PTA President or PTA Vice President Approval