Whitt Elementary PTA REIMBURSEMENT REQUEST FORM

STAPLE RECEIPTS HERE

Check Payable to:			
(if to be mailed)	e:		
	able to")		
Officer or Chairperso	on's Signature:		
Date:			
(if needed)			
Place of Purchase	Description (if needed)	Amount	Budget Account
	1	1	
		1	
		1	
		1	
		1	
	Total	<u> </u>	
greater than \$25 will not be	sted above to the top right corner of thi reimbursed. Allow 5-10 school days for eview before it can release a check). We e.	your check to be prepared	and signed (PTA
To be completed by Treasurer:			
	ıre:		
Second Authorized Signature:		_ Date:	
Treasurer:		_ Check Number:	
Date:		_Amount:	