

**MONTLAKE PTA**  
**Expense Reimbursement Request**  
**2015-2016**

**DATE:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_

**CHECK PAYABLE TO:** \_\_\_\_\_

**CHARGE TO (Committee or fund):** \_\_\_\_\_

**AMOUNT (Original receipts attached):** \_\_\_\_\_

**DESCRIPTION OF REIMBURSEMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DELIVER CHECK TO (Address or delivery instructions):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Original receipts must accompany reimbursement requests.* Requests will be picked up once a week. Checks will be distributed within a week of pick up. If you have any questions please feel free to contact Karen Axtell or Nicole McAuliffe (treasurers) at [treasurer@montlakepta.org](mailto:treasurer@montlakepta.org).

Thanks very much.