

# PTSA Reimbursement Form

(This form is to be completed for reimbursement of any committee expenses.  
Return completed form to Treasurer.) Thanks! 😊

Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Reimbursement for: (Attach Receipts)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Reimbursement	\$ _____

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*For Treasurer's Use Only*

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_