



**EXPENSE REQUEST - REIMBURSEMENT**

Requested by: \_\_\_\_\_

Check to be made out to: \_\_\_\_\_

Where to send/deliver reimbursement (circle): In Person    PTA Basket    Address Below

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

Receipts or Back Up attached (circle):    YES            NO

Reason/Description of Expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget item(s) under which expense was approved:

\_\_\_\_\_

Grand Total Reimbursement \_\_\_\_\_

\_\_\_\_\_  
Signature and Date

DO NOT WRITE HERE  
Date: \_\_\_\_\_  
Check # \_\_\_\_\_