

**Frances Hazel Reid Elementary PTA**

**Reimbursement Form**

For the year ending June 30, 2018

<i>(For PTA Treasurer's Use only)</i>	
Date received: _____	Check #: _____
Date issued: _____	Amount: _____
Date cleared: _____	QB entered: _____

Please place the completed form and documentation, including all contracts, invoices, and receipts, in an envelope, ATTN: Stacie A. Yamin, in the PTA mailbox in the FHR office. If you require a check immediately, please contact me directly at saa37@hotmail.com In an effort to reduce costs, reimbursements

Sales tax will not be reimbursed. If you need a copy of a tax-exempt form, please contact a PTA officer or your Event Chair.

No checks will be written without a completed form and proper documentation.

**Date of request:** \_\_\_\_\_

**Date invoice is due:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Event date:** \_\_\_\_\_

**Itemized expenses:** *(Please use back of the form for additional line items.)*

Expense description:

Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total amount requested:**

**\$ \_\_\_\_\_**

**Reimbursement requested by:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Payment made to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**PTA President's signature**

**Date approved:**