



REIMBURSEMENT REQUEST FORM 2017-2018

Please submit this form, with all invoices and/or receipts, to the PTA Treasurer by backpack mail:
Tracy Levitt, c/o Rhys Levitt, Mrs. Joholske

Questions? Please contact Tracy Levitt at tracylevitt@gmail.com or Susan Hage at susan.hage@redcross.org

Reimbursements will be paid out on the 15th and 30th of each month.

Date: _____

Your name: _____

Phone number: _____

Email: _____

Pay to the order of: _____

Amount: _____

Program / Event: _____

General Purpose (please itemize expenses):

Notes or special instructions:

Deliver via:

Mail: Address _____

Backpack mail: Child's name _____ Teacher _____

For Treasurer's use only

Paid by check no: _____

Budget line allotted to _____

Treasurer's signature _____ Date: _____ QB _____