

PTA REQUEST FOR REIMBURSEMENT FORM

Please keep a copy of completed form for your records

UNIT: Walter Hays PTA

DATE: _____

EVENT OR PROGRAM NAME: _____

PURPOSE: Use the table below to describe in detail the use of funds and indicate \$ amounts by category.

	Describe in Detail the Use of Funds Below	Indicate \$ Spent in Each Category Below			
		Printing	Hospitality	Postage	Other
Events					
Communications					
Community					
Core Values					
Parent Ed					
Health/Safety					
Green Team					
Programs					
Volunteer Svs					
Fundraising					
Hospitality					
Contracts/Svs					
Admin/Fees					
Other					

TOTAL \$: Total Spent:

Minus Advance Received:

Reimbursement Claim:

Amt Not Claiming (Donating):

Refund to PTA (enclose check):

**RECEIPTS MUST BE
ATTACHED FOR
REIMBURSEMENT!!!**

RECONCILIATION: If expense amount varies from budget, please provide the reason for the variance in box:

INFORMATION FOR REIMBURSEMENT CHECK OR DONATION LETTER:

NAME: _____ EMAIL: _____

ADDRESS (# street, city, zip): _____

Signature of Claimant: _____ PHONE #: _____

Signature of Approver (event chair, VP, etc.): _____

Budget Line Item (provided by approver or claimant): _____

FOR OFFICIAL USE ONLY:

President's Signature: _____ Date: _____

Secondary Signature: _____ Date: _____

Approved on: _____

Check #: Amount: Date Sent: