

Expense Reimbursement Request Form
Staff Support – Instructional Expense



TAKOMA PARK
Elementary School
Parent Teacher Association

To: The TPES-PTA Date: _____

Please pay: _____ Grade: _____
(Name of Staff person)

Amount: \$ _____ Activity: _____

Purpose of item(s) purchased: _____

Itemization of Expenses:

Item	Vendor	Description	Amount

Please note: all requests for reimbursement must be accompanied by original (or copies of) receipts.

Signature

Printed Name of Staff Member

Please give your e-mail / phone number below for contact purposes:

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Approved for payment by:

Signature of Principal

Printed Name

Signature of PTA President

Printed Name

.....
To be filled by PTA Treasurer below:

Paid by Check No: _____

Date: _____