



### Parent Expense Reimbursement Request Form

\*Not for Staff Use\*

Date: \_\_\_\_\_

Pay to the order of (name): \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Activity: \_\_\_\_\_

Purpose of item(s) purchased: \_\_\_\_\_

Itemization of Expenses:

Vendor	Item Description	Amount

Items total: \$ \_\_\_\_\_

**ATTACH ORIGINAL RECEIPTS FOR ALL ITEMS AND PLACE INTO PTA TREASURER MAILBOX  
OR EMAIL RECEIPTS WITH SIGNED FORM TO [TPESPTATREASURER@GMAIL.COM](mailto:TPESPTATREASURER@GMAIL.COM)  
Both the signed form and receipt(s) are required for reimbursement.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Best Contact information (email/phone): \_\_\_\_\_

Mailing address for check: \_\_\_\_\_

Administrative section:

PTA President Approval (signature): \_\_\_\_\_

PTA Treasurer attach check stub or complete below:

Paid by check #: \_\_\_\_\_

Date: \_\_\_\_\_

Budget line: \_\_\_\_\_

Comments: \_\_\_\_\_