



Staff Expense Reimbursement Request Form

Not for Parent 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
Both the signed form and receipt(s) are required for reimbursement.**

Printed Name

Signature

Principal Approval (signature): _____

Administrative section:

PTA President Approval (signature): _____

PTA Treasurer attach check stub or complete below:

Paid by check #: _____

Date: _____

Budget line: _____

Comments: _____