

Union Mill Elementary PTA

Request for Reimbursement for PTA Expenses

(Receipts are required for all reimbursements. Please attach them to this form.)

Date	Items/Purpose	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Charge to this budget Category: _____
(Name category here please)

Make Check payable to: _____
(Name here please)

When the check is ready, please:
 Mail it to me in the enclosed stamped envelope
 Call me at _____ to have it picked up
 Other _____

Authorized signature: _____
 (Chairperson) (PTA President)

Treasurer Use:
 Date paid: _____ Check #: _____