

**Bubb School PTA**  
*Expense Reimbursement / Check Request Form*

Today's Date: \_\_\_\_\_

Form \_\_\_\_\_ of \_\_\_\_\_

Payable To: \_\_\_\_\_

Total \$: \_\_\_\_\_

Mail       Return to Requestor

Total Receipts: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Requested By: \_\_\_\_\_

Fill out the top portion of this form and detail the items being requested for reimbursement below. Form should be submitted to the **Treasurer** in his/her PTA folder.

<u>Item#</u>	<u>Date</u>	<u>Amount</u>	<u>Receipt From</u>	<u>Description/Budget Line Item</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total \$:		_____		

*Attach all receipts to this form*

Official Use Only

*Approvals:*

PTA President: \_\_\_\_\_

PTA Secretary: \_\_\_\_\_

Check No.: \_\_\_\_\_  
Check Date: \_\_\_\_\_