Reimbursement Request			
INSTRUCTIONS: Complete f signatures from Committee Chai will date and sign the request up	r/Principal. Place request in	PTA Treasurer's file in the school	ol office. The Treasurer
Name of Account/Con	nmittee: Floris Eler	nentary PTA	_Date:
Your Name:		Phone Number:	
Email address:			
Item Purchased	Purpose		Cost
		TOTA	
		1017	
REIMBURSEMENT INS	TRUCTIONS:		
Make Check Payable to	:		
Send to:			
AUTHORIZATION: (F Teachers, approval is requir authorization by Committee	or PTA members, appr ed by the Principal. NC		mmittee chair. For
Committee Chair/Principal:		Date:	
PTA Treasurer:		Date Receive	d:
PTA President:		Date Approve	ed:
To be completed by PTA	Treasurer:		
Date Paid: Amount: Check Number:			