

Browns Point PTA Reimbursement Form

Date: _____

Name: _____

Phone or email: _____

Project/Committee: _____

Check Payable to (Name/Company): _____

Signature: _____

Signature of Committee Chair: _____

Note: Signature of committee chair is required. If the committee chair is submitting the form, it must be signed by an executive officer.

Committee Chair: This form will be kept in the accounting binder. If you would like a copy for your committee binder, please make a copy prior to forwarding to the treasurer.

Parents: Your check will be sent to you through the school 'kidmail'. Please write your child's name and their teacher's name on the line below.

Itemized Expenses

Receipt/Bill Amount:

Explanation:

1. \$ _____

2. \$ _____

3. \$ _____

4. \$ _____

Total Reimbursement \$ _____

Please attach your receipt(s) to this form and forward to the treasurer. You may use the same form for more than one receipt and for more than one project or committee.

TREASURER'S USE ONLY

DATE: _____

AMOUNT: _____

CHECK #: _____

ACCOUNT(S): _____