

**Carrolltowne Elementary PTA
Request for PTA Funds Reimbursement**

Date of this request _____

Name of person requesting reimbursement _____

Where should the reimbursement be sent _____

Committee for which expense was incurred _____

Signature of Committee Chair for approval _____

Original authorization of the expenditure obtained _____ Yes _____ No

Date of expenditure _____

Required receipt attached? _____ Yes _____ No (receipt is required!)

Itemized list of expenditures:

Amount:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total amount of the requested reimbursement:

\$ _____

Budget category title _____

OR name of event _____

Treasurer section:

Amount of reimbursement _____

Check # issued _____

Date issued _____

Issued to _____

Posted to budget category name _____