

School of Engineering & Arts PTA

Reimbursement Request

Please note: Form must be completed and filed within 30 days of purchase.

All receipts to be reimbursed must be included

Date: _____

Name _____

Address _____

Phone _____

Email _____

Event/Activity: _____

PTA Budget Account (If known): _____

List Expenses: _____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

TOTAL EXPENSES: _____ \$

Additional Comments or Expense Breakdown:

Please submit to PTA Treasurer for payment.

Treasurer Notes:

Check Amount:

Check Number:

Date Paid: