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# Request to Reimburse

\_\_\_\_\_  
Date

## PERSON COMPLETING FORM

Your Name: \_\_\_\_\_ Cell: \_\_\_\_\_

## PAYMENT DETAILS

Amount: \$ \_\_\_\_\_ Budget Area: \_\_\_\_\_  
(Usually a Committee or Event)

Purpose of Expense: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

Mail check to: \_\_\_\_\_  
\_\_\_\_\_

**\*Scanned Receipt(s) and Written Prior Authorization by PTA President (expenses over \$500) MUST accompany this completed form**

**\*\*Submit electronically to PTA treasurer at [aesptatreas@gmail.com](mailto:aesptatreas@gmail.com)**

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## FOR TREASURER'S USE ONLY

Approved by: \_\_\_\_\_  
President

Paid by: \_\_\_\_\_  
Check No.      Date Issued      Billed To

\_\_\_\_\_  
Treasurer Signature