



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**

FOR TREASURER'S USE ONLY

Approved by: _____
President

Paid by: _____
Check No. Date Issued Billed To

Treasurer Signature