



PTA

Expense Reimbursement

Make check payable to: _____

Address (if check is to be mailed):

Fundraising Activity or Budget Category: _____

Itemization of Reimbursement:

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

Total Reimbursement Requested: \$ _____

Signature of person requesting reimbursement

Date

*If you have several receipts for which you seek reimbursement, please itemize above and attach the receipts to this form. Receipts will not be returned; please make a copy for your records if desired. Please contact dcspta@dcspta.com if you have questions or concerns.