



Please staple original receipts here.

Longacre PTA Payment / Reimbursement Request

1. Please fill out this form completely.
2. Receipts, invoices or contracts must be attached to this form in order to receive payment or reimbursement.
3. Please write a description of purchases made on the receipts or invoices.
4. Give this form with attached documentation to the Treasurer or place it in the PTA Mailbox in an envelope labeled 'PTA Treasurer' within 10 days of event for which you are claiming expenses.

Date: _____

Amount of Payment/Reimbursement: _____

Submitted by: _____

Purpose of the Expense: _____

Make check payable to: _____

Please check the box below to indicate how we should get the check to you:

- Send reimbursement home with my child (include child's name and teacher below)

Child's name: _____ Teacher's Name: _____

- Place in mailbox (check one): PTA Box _____ or Teachers Box: _____

- Mail Reimbursement (Include full address below)

Street address: _____

City, State & Zip code _____

PTA Board Approval _____

For Treasurer Use Only:

Check Number _____ Date: _____

Motion? YES _____ NO _____ Date of Motion: _____