

NMS PTSA EXPENSE REIMBURSEMENT REQUEST FORM

Date of Request:

Requested by:

Phone #:

Make Check Payable To:

(Person of Organization)

Send Check To:

(Street Address, City, State, Zip)

Expense Date	Purchase Location	Description of Purchase	For What Event/Committee	Expense \$
Total Reimbursement Request				

An original invoice or receipt must be included for each expense listed; please attach them to the form.

Remember to make photocopies of invoices or receipts (if needed for any reason); they will not be returned.

Place completed Reimbursement Request Form in the Treasurer folder in the wooden pullout box labeled PTSA located below the staff mailboxes in the office. Please allow up to two weeks to receive your Expense Reimbursement Check.

Thank you,
Amy Smith – NMS PTSA Treasurer

Check # _____

Amount: _____

Check Date: _____