Reimbursement Request

INSTRUCTIONS: **Complete form to authorization section. Attach sales receipts or invoices. Obtain authorization signatures from Committee Chair/Principal. Place request in PTA Treasurer's file in the school office. The Treasurer will date and sign the request upon receipt, obtain the PTA Presidents approval and write the reimbursement check.**

Name of Account/Committee: Floris Elementary PTA **Date:** _____

Your Name: _____ **Phone Number:** _____

Email address: _____

Item Purchased	Purpose	Cost
	TOTAL:	

***REIMBURSEMENT INSTRUCTIONS*:**

Make Check Payable to: _____ _____

Send to: _____ _____

_____ _____

_____ _____

.....

AUTHORIZATION: **(For PTA members, approval is required by the Committee chair. For Teachers, approval is required by the Principal. NOTE: *Checks cannot be written without authorization by Committee Chair/Principal.*)**

Committee Chair/Principal: _____ **Date:** _____

PTA Treasurer: _____ **Date Received:** _____

PTA President: _____ **Date Approved:** _____

To be completed by PTA Treasurer:

Date Paid: _____ Amount: _____ Check Number: _____