

Einstein PTSA Reimbursement Request

Date Requested: _____

Amount Requested: _____

Check payable to: _____

Mailing address: _____

Items purchased: _____

Attach all receipts _____

Purpose of purchase or PTA activity: _____

Person making request: _____

Signature: _____

Phone number: _____ Email: _____

Signature of Committee Chair: _____

Submit this form with attached receipts in the PTA mailbox in the Einstein office or deliver to Rich Lerner, Einstein PTA treasurer, 1907 Stratton Road, Silver Spring, MD 20910-1739.

For treasurer use only:

Received _____ Check number _____ Date sent _____