

College Gardens Elementary School PTA
Reimbursement/Payment Request

Check requested by: _____

Please make check payable to: _____

Amount: \$ _____ Date: _____

Committee/Activity: _____

Purpose: _____

Itemization of Expenses:

Vendor	Description	Amount

Notes _____

Signature/Approvals _____ Date _____

Requester _____

Committee Chairperson _____

****Receipts MUST be attached.****