

Shady Grove Middle School PTA Request for Reimbursement

Date Submitted: _____

Requested By: _____

Address: _____

Phone Number: _____ E-mail: _____

Description of Expenditure: _____

IMPORTANT: ORIGINAL Receipt(s) must be attached to receive reimbursement.

Amount Requested: _____

Requestor's Signature

(For Treasurer's Use Only)

Date Received: _____ Expense within Budget: (Yes)_____ (No) _____

Approved: _____

Disapproved: _____

Expense Code: _____

Check #: _____ Check Amount: _____ Date issued: _____