



**PYLE PTSA  
PARENT EXPENSE REIMBURSEMENT OR REQUEST FOR PAYMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Amount of reimbursement/ request for payment: \$ \_\_\_\_\_

Description of item(s) purchased: \_\_\_\_\_

\_\_\_\_\_

Committee to be charged: \_\_\_\_\_

Date check is required: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

**Please attach all receipts/ forms related to this expense and drop off in the PTSA Treasurer's mailbox in the mailroom at school. Direct to: "PTSA Treasurer". Or, please mail to: "Pyle PTSA Treasurer, 6311 Wilson Lane, Bethesda, MD 20817" Thanks and Go Panthers!**

You are also welcome to contact me with any questions at [pyle.treasurer@gmail.com](mailto:pyle.treasurer@gmail.com).

Check #:	_____
Amount:	_____
Date:	_____