



**PYLE PTSA
TEACHER CLASSROOM EXPENSE REIMBURSEMENT**

Date: _____

(Limit is \$100.00 per teacher)

Name: _____

E-mail address: _____

Subject and department: _____

Telephone number or extension: _____

Amount of reimbursement requested: \$ _____

Description of item(s) purchased: _____

Special instructions: _____

Your signature: _____

Please attach all receipts related to this expense and leave in the PTSA Treasurer's mailbox in the mailroom. Or, mail to: Pyle PTSA Treasurer, 6311 Wilson Lane, Bethesda, MD 20817.

If you have questions, email pyle.treasurer@gmail.com. Thanks and Go Panthers!

Check #:	
Amount:	
Date:	
