



**BRANDED EXEMPLARY**

**PTA REIMBURSEMENT FORM**

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Check requester: \_\_\_\_\_ Date: \_\_\_\_\_  
 Account to Debit: \_\_\_\_\_ Invoice # \_\_\_\_\_  
 (If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)

\_\_\_\_\_  
 \_\_\_\_\_

Item	Place of Purchase	Amount
	Total:	

**(Receipts should be attached and sales tax will not be reimbursed)**

<u>Treasurer's Notes:</u> Date Invoice _____ Received: _____ Plan of Work: _____ Motion: _____ Date Approved: _____ Paid: _____ Check Number: _____ Amount of Check: _____ _____
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Remarks:

Chairman's Authorization: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

President's Signature: \_\_\_\_\_