

Moose Hill PTA EXPENSE REIMBURSEMENT FORM

Date Requested	
Total Amount Requested	
Name	
Phone and/or Email	
Check Payable to	

Please attach all receipts to this form.

Unless otherwise directed, when check is issued, it will be placed in the locked PTA file cabinet in the school office for pick up. You will be notified via the contact information above when the check is issued.

Please list Fund, Program, or Activity	Amount

PTA Use Only

Verify Receipts	
Verified Budget	
Amount Paid	
Date Paid	
Check Number	
Reimbursement Issued by	