



Personal Request for Reimbursement

Date: _____

Name: _____

Email: _____

Phone: _____

Make reimbursement check to: _____

Receipt	Amount to be reimbursed
<i>Ex: Teacher Heaven</i>	\$42.35
RECEIPT TOTAL:	\$
TOTAL AWARDED:	\$
TOTAL to be reimbursed:	\$

*In order to receive your full reimbursement, submit receipts that meet or exceed your reimbursable total. Please staple receipts to this form and make a copy for your records. Keep in mind that no sales tax will be reimbursed. Please deduct the sales tax before submission.

Place form in the PTA box in the office Mailroom

Approved by:

President/Vice President

Treasurer