

For Treasurer's use only:

Check #:

Date issued:

Reimbursement Request – Douglas MacArthur PTA

1. Please complete form and attach/scan original receipts or invoices
2. Payments over \$100 must be approved by the PTA president on this form*

Date: _____ Committee, event, or Program: _____ Amount:
\$ _____

Description of expense: _____

Check to be payable to: _____

Payee's address: _____

Payee's email/phone: _____

Requestor's name and email/phone: _____

*Approved by: _____

Choose one: Mail check to payee Return check to requestor Other (specify below)

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