

Laurel Park Elementary PTA
Reimbursement Request Form



Instructions: Submit the original of this form and all receipts to the Treasurer for approval. Retain a copy for your records. Allow 4 weeks for reimbursement. **Note: Limit of 1 grant per staff member.**

Name of Person Requesting Reimbursement: _____

Date _____ Budget Category/Committee: _____

Is this a TEACHER Mini Grant Request (Circle One)? YES / NO

Is this a GRADE LEVEL Grant Request (Circle one) YES / NO If Grade Level, which grade? _____

Purpose of Expenditure (please be specific)

TOTAL REIMBURSEMENT AMOUNT REQUESTED*: \$

**Teacher grants cannot exceed \$100.*

TO WHOM SHOULD CHECK BE PAID? (please print)

Name

Address:

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDER FORMS, ETC.

(Do not write below line)

AUTHORIZED BY:

President's Signature/Date

Treasurer's Signature/Date

FOR TREASURER'S USE ONLY:

Check Number _____

Date Paid _____
