

Attach Receipt  
Here



# Expense Reimbursement

Sunny Hills Elementary PTA

**INSTRUCTIONS:** Please complete all un-shaded portions of form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items. Form must be signed by the requesting staff person, teacher, the appropriate PTA Committee Chair, AND a member of the PTA Board. Place completed form and supporting documents in the PTA Treasurer's folder in the PTA room. If you need assistance, or have questions, please contact the [PTA Treasurer](#).

## Detail of Expense

Budget Category: \_\_\_\_\_  
Name of Payee: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Total amount: \_\_\_\_\_  
Items or programs to be reimbursed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Method of Payment

- Pay attached bill
- Reimburse me (Check left at school in your mailbox. This option is available for staff only.)
- Reimburse me (Check mailed to my home. PTA will pick up the cost to do this for you.)

Please provide mailing address here: \_\_\_\_\_  
\_\_\_\_\_

## Special Instructions

\_\_\_\_\_

## Requester (Your) Signature

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Board of Director, Principal or Dean Approval Signature

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PTA Treasurer's Use Only**

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Amount: \_\_\_\_\_