



Sunny Hills Elementary PTA Expense Reimbursement Form

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 individual (staff member, PTA Committee Chair, or volunteer) AND a member of the PTA Board or Principal/AP (for staff members).** Place completed form and supporting documents in the PTA box located in the Main Office under the staff mailboxes on the left-hand side of the first shelf. 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 (YOU)

Printed Name: _____ Phone Number: _____

Signature _____

Date _____

DIRECTOR, PRINCIPAL, OR ASSISTANT PRINCIPAL APPROVAL

Printed Name: _____ Phone Number: _____

Signature _____

Date _____

PTA Treasurer's Use Only

Check Number: _____

Check Date: _____

Check Amount: _____