

REIMBURSEMENT FORM

Walter Hays Elementary School PTA

I. AREA of Expense: *(Please describe)*

Date: _____

- | | |
|----------------------------|----------------------------|
| a) Event _____ | d) Communications _____ |
| b) Health and Safety _____ | e) Programs/Services _____ |
| c) Administration _____ | f) PTA Fees _____ |
| g) Other _____ | |

II: AMOUNT of Expense:

Printing	\$ _____
Equipment Rental	\$ _____
Food/Drinks	\$ _____
Postage	\$ _____
Decorations	\$ _____
Deposit	\$ _____
Other: (Please describe)	\$ _____
Total	\$ =====

Original receipts/documents must be attached to this form. Please make sure items are clearly labeled and marked, if you have multiple receipts and/or items.

III: Is this a donation? (Please circle) Yes/ No

Check or Donation Letter should be made out and mailed to: (Please Print)

Name: _____
 Address: _____
 Phone/email address: _____

IV: Approval:

_____ *Please have your Area/Event chair sign this form before submitting.*
 (Signature)

For Treasurer's Use Only

Check #: _____ Date: _____ By: _____