

Edna Maguire PTA REIMBURSEMENT REQUEST

****Receipt/Invoice must be attached for reimbursement (per IRS rules)****

Date: _____

Pay to the order of: _____

Check Amount: \$ _____

Send check to this address: _____

Person making request: _____
(if different from the person listed above)

PTA activity which incurred the expense: _____

Date of activity or program: _____

Please note: 1. Reimbursement checks will be cut the 1st and 15th of each month
2. Place completed form and receipt in PTA Treasurer's Box in Office

THANKS FOR SUPPORTING EDNA MAGUIRE!

.....
Space below for Edna Maguire PTA Executive Board use:

Check #: _____ \$ Paid: _____

Date of Check _____

Date Approved by 1. Exec Board _____ 2. Association: _____

President's Signature: _____

Secretary's Signature: _____