## PTA Reimbusement Form

Los Perales PTA 2024/2025

## **ATTN: PTA Treasurer**

Payable To:

Date Submitted:

Principal Approval

Description (Please attach receipts)	Cost
Total:	

## Please review the total reimbursement/payment request amount for accuracy, attest to the statements, then sign and submit your request to the office.

 $\circ$  I confirm that this reimbursement amount is accurate to the best of my knowledge  $\circ$  I certify that the attached receipts are originals

Please retain your original receipts. The PTA treasurer/auditor has the right to request original receipts up to 6 months after your request is submitted.

 I certify that none of the items for which I seek reimbursement have been returned to the vendor for refund

## PTA Treasurer's Use Only

PTA Approval: President:		Secretary:	
Check #:	Issued On:	Amount:	