



Reimbursement Request

Deer Crossing Elementary School PTA

Your name:		Date:	
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Check payable to:	
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Delivery method:	School Mail Box <input type="checkbox"/> USPS Mail <input type="checkbox"/>	If USPS mail, please provide address below:
Mailing Address:	

Budget Account:		Amount:	
Budget Account:		Amount:	
Budget Account:		Amount:	
Budget Account Examples: Family Fun, Staff Appreciation, Fundraising, etc.		Total:	

Purpose of the fund being reimbursed:	

Committee Chairperson/Board Member Approval			
Printed Name:		Signature:	

Treasurer Use Only			
Received On:		Signature:	
Check Number:		Issued On:	

1. Please submit all reimbursement requests no later than 30 days after event.
2. Per PTA rules, original receipts and final invoices must be attached to this form for a check to be issued.
3. Incomplete forms will not be accepted or paid.
4. Reimbursement checks will be issued on the 1st & 15th of every month. Expenses submitted by the 1st of the month will be paid by the 15th. All others will be paid by the 1st of the NEXT month.
5. Reimbursement checks should be cashed within 30 days of issuance. Checks outstanding past 45 days will be voided and a new reimbursement request must be submitted.