

# Crystal Springs Elementary PTA Reimbursement Form

School Year 2018-19

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Date	Item	Purpose of Expenditure	Amount
			\$
			\$
			\$
			\$
			\$
		<b>Total Amount Requested</b>	\$

**\* ORIGINAL RECEIPTS/INVOICES MUST BE ATTACHED \***

Make check payable to: \_\_\_\_\_

Please deliver:

- PTA Box
- Contact me when available
- Other: \_\_\_\_\_

Note: Please put completed request in the PTA Box in the school office. Request for expenditure/reimbursement must be submitted to the PTA Treasurer 2 weeks prior to our PTA filing taxes. After our taxes are filed, the expenditure will be considered a donation to the PTA and a receipt will be issued. Our PTA does not reimburse for tax paid. Payment will only be made if funds for this program are available.

<b>PTA Treasurer Use Only</b>		
Date Paid: _____	Check Number: _____	Amount: \$ _____