

DATE: \_\_\_\_\_

**Faculty/Staff Reimbursement Form for Expenditures**  
Tanglewood Elementary School PTA  
School Year 2018-2019

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Annual Budget: \_\_\_\_\_

Budget used: \_\_\_\_\_

Remaining Budget: \_\_\_\_\_

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL (no sales tax)	_____

**CHECK ONE:**

- Reimburse me
- Pay merchant from this invoice
- Pay when merchant sends statement

I have reviewed this disbursement request and approve this expenditure.

Committee Chairman's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR TREASURER'S USE ONLY!!!**

Mailed _____	Date paid _____
Put in PTA Box _____	Amount _____
Put in Office _____	Check # _____
Given directly to _____	Initials _____
Other _____	Date entered _____