Faculty/ Staff Reimbursement Form for Expenditures
Tanglewood Elementary School PTA
School Year 2019-2020

Your Name:	Phone:
Committee/Budget Category:	
Merchant:	
Address (if mailed):	
For what BUDGETED item(s) is this purchase	Amount
TOTAL (	no sales tax)
CHECK ONE:Reimburse mePay merchant from this invoicePay when merchant sends statement	
I have reviewed this disbursement reque	
Committee Chairman's Signatur	e
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