ATTACH ORIGINAL RECEIPTS OR INVOICE HERE

Faculty/ Staff Reimbursement Form for Expenditures

Tanglewood Elementary School PTA
School Year 2020-2021

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 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 _____