

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 _____