

Reimbursement Form for Expenditures
Tanglewood Elementary School PTA
School Year 2021-2022

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 _____