

Parent Reimbursement Form for Expenditures

Tanglewood Elementary School PTA

School Year 2023-2024

Please attach all support documentation and email to tanglewoodtreasurer@gmail.com

Name of Requestor _____

Phone _____

Committee / Budget Category _____

Merchant _____

Name of Merchant / Requestor Pay Requestor (receipts attached) Pay Merchant (invoice attached)

Circle one: _____

Reimbursement Method Check ACH

Circle one _____

Please provide address if check is to be mailed or email address for ACH.

Address or Email _____

List BUDGETED items(s) purchased

Items	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL (excluding sales tax) \$ _____

I have reviewed this disbursement request and approve this expenditure

Committee Chair's Signature _____

Date _____