



Three Oaks Elementary PTA  
Request for Reimbursement Form



2019-2020

Date	Item/Description	\$ Amount	
Total		\$	

Make Check Payable to: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Committee to be charged: \_\_\_\_\_

**PLEASE STAPLE ALL INVOICES /RECEIPTS TO THE BACK OF THIS FORM**

\*\*\*Receipt should only contain items for reimbursement. No personal items should be listed on the receipt.\*\*\*

\*\*\*\*\*For PTA Office Use Only\*\*\*\*\*

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \_\_\_\_\_