

Rosy Mound Elementary PTA

Reimbursement Request

Your Name _____ Phone _____

Date Submitted _____

Check Payable To: _____

Full Address: (If not a teacher @ Rosy Mound)

Your check will be mailed to you.

Teacher Request (Please put in my box)

Committee / Event: _____ Amount \$ _____

Description for Reimbursement: _____

Please fill out form completely. Receipts, invoices, or contracts must be attached to this form in order to receive payment or reimbursement. Please remit receipts within 30 days of PTA event. All teacher expenses must be in by June 30, 2010.

For Treasurer Use Only

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Account _____ Check # _____ Dated _____ Logged _____

Date Mailed: _____

Please put reimbursement form in PTA box. Forms will be picked up on Fridays.
If you have any questions, please contact Terri Jennings 296-9150.