

# Rosy Mound Elementary PTA Reimbursement Request

For Treasurer Use Only		
Check #	_____	Date _____
Posted	_____	Dated mailed _____
Amount \$	_____	

Date Requested \_\_\_\_\_

Your Name \_\_\_\_\_

Check payable to: \_\_\_\_\_

address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Teacher Request (Please put in my box)

Committee / Event : \_\_\_\_\_

Description for Reimbursement:

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Approvals: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_

Receipts, invoices, or contracts must be attached to this form.  
Please remit receipts within 30 days of event. All expenses must be in by June 30th.  
Complete form and submit to the Rosy Mound PTA Treasurer, Joe Oberlee,  
questions 616 283-5654 or oberleej@yahoo.com