



REIMBURSEMENT REQUEST

Instructions: Complete the form. Attach original invoices, receipts, or billing statements. Remember to include sales tax on reimbursable items. Place in the AP-treasurer's folder in PTSA drawer in workroom. Remember all checks require 2 signatures, so allow a minimum of 2 weeks for reimbursements. Email stellandlivi@gmail.com should you require a reimbursement outside the normal circumstances.

IMPORTANT: MAY 31st is the FINAL date to turn in reimbursement requests.

FINAL date for 5th GRADE year-end events reimbursements is the first Friday after the party.

Requestor: _____ Date: _____ Amount: \$ _____

Address: _____

Phone: _____ Email: _____

Budget Category (circle all that apply): PTSA Event PTSA Committee PTSA Classroom Supplies Funds PTSA Approved School Grant

Payable to: (If for approved PTSA school grant, it must be payable to Discovery Elementary.)

Name of PTSA Event or Committee: _____

Reason, description, and/or list of funds to be reimbursed: _____

Requestor Note: By signing this form, you certify that the purchase(s) or expense(s) is/are for the benefit of the Discovery Elementary School program described, is/are not being paid or reimbursed from any other source, and any items purchased will remain Discovery Elementary School property.

Authorized Signature *: _____ Date: _____

* Committee Chair or Board Member (PTSA member)

* Principal's Secretary (staff member)

TREASURER USE ONLY

Check Number: _____

Date Paid: _____

Check Amount: _____

Treasurer's Initials: _____